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ABSTRACT

This training program, designed to assist treatment program decision-makers in planning, implementing, and monitoring practices and services for alcoholic women, provides participants the opportunity to measure the current state of their agency programs, select priorities for change, and develop an action plan for change. The program sessions, led by two trainers over a period of 2 1/2 days (approximately 16 hours total), are targeted to two-person teams, and include small group exercises and discussions, lecturettes, and brainstorming. This resource book, a participant reference guide, is divided into five sections which focus on: (1) specific training program materials; (2) reprinted articles concerning helplessness, sex role stereotypes, and treatment prevention strategies for alcoholic women; (3) treatment program resources; (4) staff development literature; and (5) client education resources. (Author/NRB)

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SERVICES FOR ALCOHOLIC WOMEN

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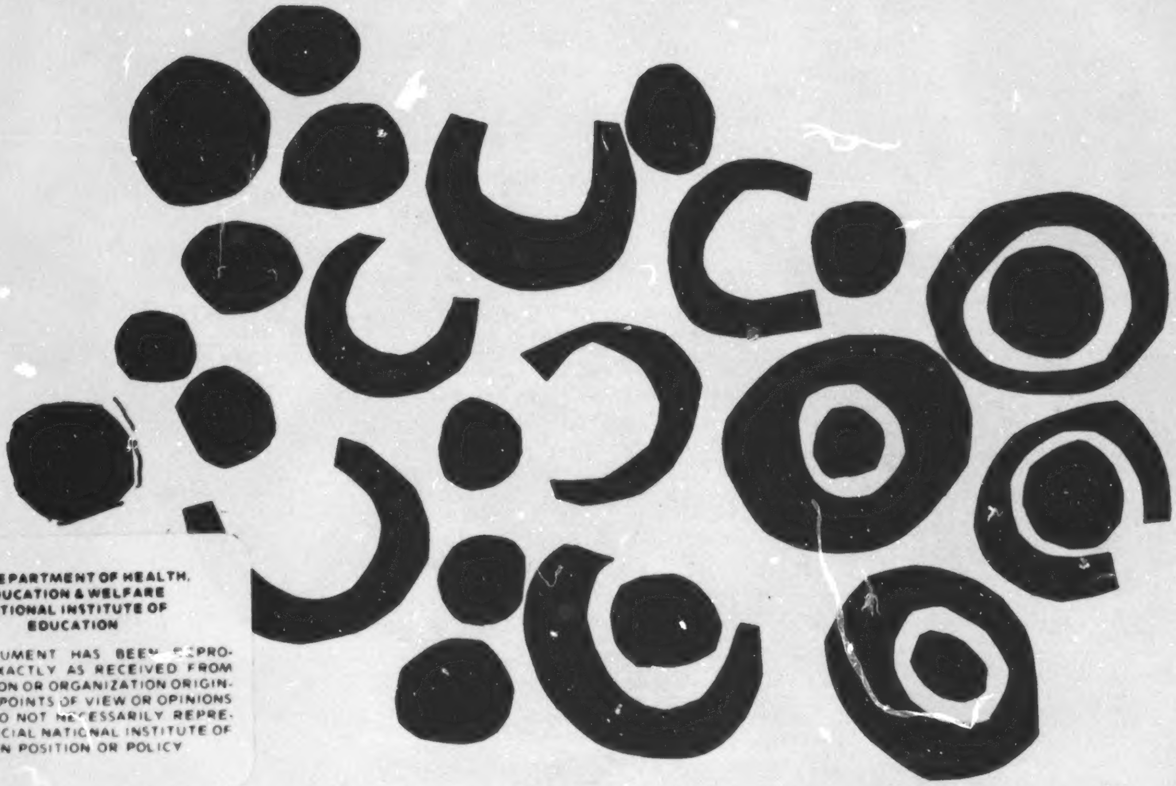

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foundations for change

CG 014426

RESOURCE BOOK

U.S. Department of Health, Education, and Welfare • Public Health Service • Alcohol, Drug Abuse, and Mental Health Administration

Program Overview

Purpose: To enhance the capacity of treatment program decision makers to plan, implement, and monitor practices and services designed to meet the needs of alcoholic women.

Training Goals: The training program provides participants the opportunity to:

- Measure the current state of their respective agency plans and/or programs for serving alcoholic women against a set of policies, practices, and procedures that appear to be effective in women's treatment.
- Select some priorities for change in their respective agencies.
- Develop a range of possible strategies to address the areas in their programs they identify as needing change.
- Prepare for continuation of planning and implementation of identified changes upon return to their agencies.

Course Materials: The Trainer Manual contains information to help trainers prepare for and conduct the course. It includes a session-by-session overview, refresher materials on training methods and techniques, guidelines for training program management, sample recruiting materials, and masters for making copies of participant handouts.

The Session Outline Cards include specific directions for conducting each session as well as goals and objectives of each session and the materials and equipment required for the various learning activities.

The Resource Book, primarily for participant use, is an integral part of training activities and will be a valuable reference for program planning and staff training

(Continued on inside back cover)

Services for Alcoholic Women

Foundations for Change

RESOURCE BOOK

Developed by
National Center for Alcohol Education

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
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1979

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Preface

In recent years there has been a surge of interest in the status of women and considerable activity aimed toward identifying and meeting the special needs of women. People in the alcohol and drug abuse fields have felt the impact of the phenomenon and are making efforts to explore and respond to the special needs of women with alcohol and/or drug related problems.

The most significant events in both fields appear to have their origin in 1976. Congress passed legislation specifying that States must begin to provide prevention and treatment programs designed for women. The National Council on Alcoholism created an Office on Women and coordinated the growth of task forces on women and alcoholism in almost every State. The National Institute on Drug Abuse, through the National Drug Abuse Center for Training and Resource Development (NDAC), published the first nationally developed course for counselors and supervisors on treating addicted women. The course was titled Women in Treatment: Issues and Approaches.

At the same time, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) initiated or sponsored a range of activities to foster better prevention and treatment programs for women. One outgrowth of those activities was recognition of the need for a training program specific to the treatment of alcoholic women. The National Center for Alcohol Education (NCAE) was thus assigned the task of developing this training program by NIAAA in 1978, with the stipulation that NCAE work closely with NDAC to benefit from their experience with Women in Treatment and to complement their revision of that course based on 2 years of delivery experience.

While working closely with NDAC, NCAE consulted the Women's Program Administrator in the Division of Special Treatment and Rehabilitation (NIAAA) to ensure that the training program would be consistent with the Divison's guidelines on women's treatment for federally funded treatment programs. Other sources consulted to provide a broad perspective for designing the training program included specialists in research, treatment, and training in the field of alcoholism and women; specialists on women in other fields; a sample of NIAAA-funded treatment program directors; and related books, articles, reports, and other materials.

The picture that emerged from this process of consultation and data collection was both fragmentary and complex:

- A small number of specialized treatment programs for women are in operation. NIAAA has recently increased the number of women's programs it funds to 29. While their data on treatment effectiveness are still preliminary, their experience does give guidance to others who want to modify their programs to serve women better.

- Related research literature on women from fields such as psychology, sociology, and mental health provides sound principles for treatment design to some extent. However, research on alcoholism in women is limited and many of the studies that do exist are based on small samples or have other methodological problems.

- Many treatment agencies have had some experience with women clients who are spouses of alcoholic men, and others are beginning to include special services for women alcoholics.

- Consistent with Congressional legislation, all treatment programs submitting grant requests to NIAAA must include a plan for women's treatment services. State plans must also include assessment of need and plans for provision of service for alcoholic women.

- Some of the treatment program elements recognized as important for women's treatment have application for men's treatment also, particularly those aspects relating to personal growth and improvement of interpersonal relationships.

- A training program to complement the NDAC course most efficiently should focus on a different target audience. The group most often cited was the agency staff in charge of clinical programming, but including board members or other policy makers as well.

In summary, the need for improving the treatment of alcoholic women is clearly recognized, particularly at the national level. However, what needs to be done and exactly how to go about doing it are not quite so clear. Research data are limited and those with experience in developing and maintaining specialized treatment programs are not readily accessible to all who want help. One nationally developed training program for counselors and supervisors focuses primarily on the knowledge, skills, and attitudes needed for direct service delivery to women clients.

Given this context, NCAE course developers concluded that the most useful training program would be one designed to address the organizational aspects of the agency where people with alcoholism are treated. What factors need to be taken into account when planning treatment services for women? What questions should a needs assessment answer? What are the staffing needs? Who in the community can help? Where does outreach fit in? How should it be approached? What is the agency already doing that will help? How will women's treatment services fit in with existing services? How will we know if we are on the right track?

In some instances the answers to those questions and related ones are the same for all agency staff. However, the emphasis in this course is on the planning, implementation, and monitoring of services rather than on direct delivery of services. People responsible for treatment program administration and decision making are the audience for the training course.

One assumption underlying this course is that the people who attend this training program are open to the idea that women's alcoholism treatment services need to be improved. Their purpose in attending is to get help in learning what needs to be done. Another assumption is that the participants already have considerable knowledge about alcoholism and experience in administering alcoholism treatment programs.

The training design also takes into account three fairly common characteristics of program administrators or directors: they are very pragmatic, short on time, and concerned about costs.

The resulting training program is 2½ days long, draws on the participants' existing knowlege and experience, is presented in terms of their job responsibilities, allows ample opportunity for them to work on the real-life problems they face in their respective agencies, and provides abundant resources for back-home application.

Many people contributed their time, knowledge, and encouragement to the development of SERVICES FOR ALCOHOLIC WOMEN. In the early stages of development, NCAE convened a Collaboration Group of eight women who helped to define the training needs related to treating alcoholic women, set priorities for the course content, and identify the target population. Once the course was developed, it was submitted to a panel of five reviewers selected for their experience in research, treatment, and training. Concurrently, a developmental test delivery of the course was conducted by 2 qualified trainers with a group of 17 men and women who represented the target population. The course was designed and developed under the direction of Mary L. Millar, project manager for NCAE.

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Introduction

This Resource Book is intended as an aid to those who are striving to improve or expand the alcoholism treatment services available to women. It was compiled for use in conjunction with the training program SERVICES FOR ALCOHOLIC WOMEN and much of the material contained in the Resource Book is incorporated into the learning activities of the training program. The contents were also selected for their value as planning and resource guides after training, when participants are back working in their home agencies. Therefore, it is anticipated that people who do not attend the training program also will find the Resource Book helpful in improving their treatment services to women alcoholics.

The Resource Book is divided into five sections. Section I, Course Materials, contains the materials specific to the training program.

- "Indicators for Change in Women's Treatment" on page 3 is a selection of key data and expert opinion that attempts to express the current status of both alcoholism among women and related research and treatment.

- "Definitions of Program Categories" on page 9 explains the terminology used in the training program relating to various aspects of an alcoholism treatment program. The eight categories are grouped according to client perspective and treatment support. Client perspective--program aspects directly affecting the client--includes initial visit, assessment, treatment, and aftercare. Treatment support--program aspects affecting the client indirectly--includes program planning, staff issues, followup and outreach.

- "Factors to Consider in Designing Treatment Programs for Women" on page 11 presents the characteristics and needs of women that are relevant to alcoholism treatment under six headings: physical, psychological, social, family, economic, and special populations. A reference from the literature is cited for each characteristic, and treatment implications are suggested.

- "Women's Treatment Services Assessment Checklist," page 29, contains the "Factors" mentioned above arranged according to the program categories previously defined (initial visit, program planning, etc.). The items on the checklist are phrased as questions. The person using the checklist answers the questions in terms of his or her own agency. A preponderance of "no" responses in any category indicates the need for changes to improve the services available to women in that agency. If the agency being assessed does not treat women, but is planning to, the checklist serves to guide the planning process.

- The "Assessment Checklist" serves to identify program categories needing change. The "Women's Treatment Services Analysis Worksheet" on page 59 provides a procedure for defining the specific changes needed in each category and estimating the resources needed, projecting the pros and cons of implementation, and anticipating obstacles to be overcome for each change.

- "Priority Selection Guidelines" on page 63 provide a procedure for ranking those changes according to several key factors as a basis for establishing priorities among them. Space is provided in the first column of the Guidelines to add factors that may influence rankings in individual agencies. Blank and completed copies of both "Analysis Worksheet" and the "Priority Guidelines" are provided. The completed copy serves as a model or example to follow when filling in the blank form.

Section II, Selected Articles, contains reprints of nine articles or book chapters representing various issues relating to treating alcoholic women. The first two, "Sex Differences in Helplessness--With Implications for Depression" and "Interaction Patterns and Themes of Male, Female, and Mixed Groups," present research findings on sex roles in society and their implications for individual psychological development and behavior. "Sex-Role Stereotypes and Clinical Judgments of Mental Health" explores the impact of sex role stereotypes on mental health standards held by therapists for adult males and females and adults in general.

The next two pieces, "Radical Feminism: A Treatment Modality for Addicted Women" and "Consciousness-Raising Groups as Therapy for Women" explore two approaches to treatment, one from a personal perspective and one from a theoretical perspective. The next three reprints present aspects unique to three special populations--black women, Mexican-American women, and lesbian women. The last article discusses prevention strategies.

The reprints are listed and described briefly below.

- "Sex Differences in Helplessness--With Implications for Depression," by Lenore Sawyer Radloff and Megan K. Monroe (page 69).

  Research evidence from a number of fields is presented to test the plausibility of the notion that the higher incidence of depression among women as compared to men may be related to the greater helplessness of women in society. The studies cited relate to evidence of helplessness in women and the link between helplessness and depression.

- "Interaction Patterns and Themes of Male, Female, and Mixed Groups," by Elizabeth Aries (page 101).

  This study reports on the variation of content and interaction in the same sex and mixed sex groups. Generally, men in all-male groups are more concerned with competitiveness and status. In mixed groups they addressed individuals more often and spoke more about themselves and their feelings. Women in mixed sex groups were more reticent and allowed the men to dominate.

- "Sex-Role Stereotypes and Clinical Judgments of Mental Health," by Inge K. Broverman, Donald M. Broverman, et. al. (page 111).

  Two hypotheses were tested and confirmed:

  > Clinical judgments about the characteristics of healthy individuals differ as a function of the sex of the person judged. These differences in clinical judgments parallel stereotypic sex-role differences.
  >
  > Behaviors and characteristics judged healthy for an adult, sex unspecified, which are presumed to reflect an ideal standard of mental health, resemble behavior judged healthy for men, but differ from behaviors judged healthy for women.

- "Radical Feminism: A Treatment Modality for Addicted Women," by Ardelle M. Schultz (page 127).

  An account of one woman's recovery from alcoholism complicated by prescription drug abuse, and her professional experience as counselor and program director in women's treatment programs.

- "Consciousness-Raising Groups as Therapy for Women," by Barbara Kirsh (page 149).

  Sociological concepts of minority group status and role conflict are used to explain the cultural and individual sources of dissatisfaction among women. Factors conducive to the rise of the women's movement are examined and consciousness-raising groups are discussed as a possible mechanism for personal change.

- "The Black Woman in Treatment," by Ernestine Marshall, Julia E. Hillsman, and Vera Patterson (page 181).

  The status of black women in history, employment, education, and relationship with men is presented as background to outlining critical issues to be addressed in treatment for alcoholism and drug abuse.

- "La Mujer: The Mexican American Alcoholic Woman--Who Is She?" by Lidia Romero (page 191).

  Aspects of identifying, interviewing, and counseling alcoholic Chicanas are derived from the author's experience as counselor and assistant director of a treatment center in the Southwest.

- "Alcoholism and the Lesbian Community," by Brenda Weathers (page 199).

  Issues relating to development and treatment of alcoholism among lesbians are presented primarily based on the author's experience in directing a treatment center in Los Angeles. Also included is a discussion of facts and fiction about homosexuality drawn from the research literature.

- "Prevention of Alcoholism Problems in Women: Current Status," by Sharon C. Wilsnack, Ph.D. (page 209).

  Primary, secondary, and tertiary prevention are defined in public health terms. The status of research-based knowledge about women and prevention is examined and strategies for reducing alcohol-related problems in women are discussed. The paper focuses on primary and secondary prevention strategies.

The Treatment Program Resources contained in Section III provide a starting point for individual agencies to develop their own programs, policies, and procedures in selected areas.

- "Collection and Utilization of Data" on page 229 outlines recommended data collection procedures for carrying out needs assessment, evaluation, and research related to treating alcoholic women. Sample designs, outcome measures, and forms are suggested along with a discussion of the value of data in decision making and future planning. This excerpt is intended as a guide or a framework to be adapted to the needs and purposes of a particular agency. It is recommended that an evaluation specialist be consulted to assist with specifying evaluation objectives, establishing the details of data collection, and conducting analysis and interpretation of data.

- The next three items, "Sample Client Assessment Procedure," "Psychological Diagnostic and Assessment Measurements," and "Sample Biographical Profile," (pages 245, 251, and 255), are also related to data collection, particularly about individual clients. The first item is a description of an assessment procedure used in a hypothetical women's treatment agency. The second item describes some readily available assessment instruments that are applicable to women alcoholics and contains the information needed to obtain and use each instrument. The third item is a form which may be adapted for client use prior to the assessment interview.

- "Child Care Services" on page 259 suggests some alternative ways to provide child care for women in treatment. Also included are an outline of possible problems manifested by children of alcoholic parents and ways to provide services for these children.

- The paper on nutrition, "Educating Alcoholics in Healthy Nutritional Habits," (page 263) is included not because it is solely a women's concern, but because nutritional aspects of treatment are often overlooked in alcoholism treatment programs. The information contained in this paper is practical and useful for all clients.

- The list on page 271, "Outreach and Prevention Materials," is by no means exhaustive. Rather it contains resources that are new, are not usually listed by the well-known alcoholism clearinghouses and publishers, or address a special topic such as occupational and rural programs.

Staff Development Resources is the subject of Section IV.

- An extensive bibliography of books, pamphlets, articles, and literature reviews provides information for counselors and other staff on a range of topics including sex roles, sexuality, alcoholism in women, vocational needs, and special populations.

- "Assessment Interview Guidelines" on page 295 is an instrument that can be used as a discussion outline for a staff development session or by individual counselors to help them tailor the assessment interview to the special concerns that women bring to treatment.

- The "Attitudes Toward Women Scale" beginning on page 303 was originally developed to measure attitudes in the general population. It is included here as a way to measure attitudes before and after training or as a discussion trigger as part of training itself.

- "Packaged Training Courses" on page 309 is a listing of existing and readily available courses for counselors and others on relevant topics. Of particular interest is the course developed by the National Drug Abuse Center for Training and Resource Development: WOMEN IN TREATMENT. It complements NCAE's course, SERVICES FOR ALCOHOLIC WOMEN, in that it was designed for counselors and covers in detail such content as patterns of drug and alcohol abuse among women, women's life cycle and related stress, and special topics such as suicide and sexuality and health.

Section V, Client Education Resources, is devoted to materials on alcoholism and related treatment topics that are particularly suited to the needs and interests of women clients.

Section I

Course Materials

INDICATORS FOR CHANGE IN WOMEN'S TREATMENT

Two assumptions underlie the development of this course:

- Women enter alcoholism treatment programs disproportionately less than do men.
- Alcoholism treatment resources are inadequate to meet the needs of women.

Some data are available to support these assumptions and some efforts are being made to respond to the needs implied by the discrepancy between the numbers of women needing treatment and the resources available to serve them.

Official National Priorities

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, as amended in 1976, Public Law 94-371, Section 303(4)(A) calls for any State desiring assistance to:

> Set forth, in accordance with criteria established by the Secretary, a survey of need for the prevention and treatment of alcohol abuse and alcoholism, including a survey of the health facilities needed to provide services for alcohol abuse and alcoholism and a plan for the development and distribution of such facilities and programs throughout the State.

In Section 303(4)(B) of the same law, the States are specifically requested to include:

> ...an identification of the need for prevention and treatment of alcohol abuse and alcoholism by women and individuals under the age of eighteen and provide assurances that prevention and treatment programs within the State will be designed to meet such need.

These requirements are reflected in the National Institute on Alcohol Abuse and Alcoholism guidelines for State Plans and for grant requests from individual alcoholism treatment agencies.

More recently, the Department of Health, Education, and Welfare announced a new initiative in the field of alcoholism and alcohol abuse. Women have been identified as one of several groups to receive special attention. The goals for this initiative are:

- To increase research into alcohol problems among women.
- To expand our support for treatment programs.
- To launch a nationwide program of outreach and education about women and alcoholism involving industry, labor, voluntary agencies and national women's organizations. (1)

Status of Research on Women

A survey of the research literature, restricted to reports published in the English language, showed only 28 studies related to women and alcoholism between 1929 and 1970. (2)

A more recent survey, focusing on social and psychological aspects of alcoholism in women and limited to English-language reports published since 1950, characterized the studies as follows:

- Relating mainly to social history data or personality and motivational characteristics of women alcoholics, with few studies on effective treatment modalities.
- Many of the studies reported inadequate or biased sampling procedures, inadequate control groups, or presented only case history data. (3)

Studies regarding treatment outcomes by sex are inconclusive. It has been recommended that research on effectiveness of specific treatments with specifically defined groups would yield more information for improvement of services. (4)

Some of the different approaches to treatment for women that have been suggested include: consideration of the social stigma of women alcoholics, support to strengthen personal identity and self-esteem and reexamine concepts of appropriate female behavior, opportunities to learn how to express anger when sober, individual counseling by female counselors, and group counseling in all-women groups.

Recommendations for future research include consideration of differences between men and women in the general population; controlling for underlying psychiatric disorders and socioeconomic, occupational, and marital status; and using nonalcoholic control groups. (5)

Magnitude of the Problem

An overview of the numbers of women with alcohol-related problems is provided in these excerpts from a recent NIAAA report:

> There are an estimated 9.3 to 10 million problem drinkers (including alcoholics) in the adult population--7 percent of the 145 million adults (18 years and over).
>
> Of adults who drink, 36 percent can be classified as either being problem drinkers or having potential problems with alcohol (10 percent and 26 percent, respectively). Similar to consumption patterns, combined rates of problem drinkers, and those having potential alcohol problems are substantially less for women (27 percent) than for men (44 percent).
>
> Conservative estimates of the number of adult women with alcohol problems range from 1.5 million to 2.25 million. (6)

To date, no direct attempt has been made to determine the rate of alcoholism among women in the United States. Estimates based on extrapolations from data on male alcoholism vary according to the definition of alcoholism used and the characteristics of the sample population.

One estimate of the rate of alcoholism among women (as opposed to problem drinkers discussed in the excerpt from the NIAAA report) is about 900,000, or 20 percent of the total number of alcoholics. (7)

Another source summarizes various reports on rates of alcoholism in women as follows:

- Male to female ratios vary in different populations:

Prison	11:1
State psychiatric hospitals	5:1 to 3:1
Outpatient clinics	4:1 to 5:1
Private hospitals	3:2 to 1:1
Private office practice	3:1 to 1:1

- It is difficult to document an increase in the rate of alcoholism in women over past years because reliable baseline data are not available.
- Drinking practices surveys show a male to female ratio of 3:1 for heavy drinking and heavy escape drinking. (8)

Some statistics on alcoholism and problem drinking in women in Ontario, Canada, show similar patterns:

- Between 1970 and 1976 the Donwood Institute, a public alcoholism hospital and day clinic, recorded an admission rate of three men to one woman. Detoxification units reported an average ratio of 6:1.
- During 1962-1973, deaths from cirrhosis in women ages 15 to 70 increased by 120 percent. (The female population increased by 35 percent during the same period.)
- Of the estimated number of alcoholics in Ontario, approximately 83 percent are men and 17 percent are women. Arrests for public drunkenness in 1972 were recorded at a rate of 93 percent for men and 7 percent women, with most of this latter group made up of skid row women whose lifestyle makes them more visible than other groups of women. (9)

A significant indicator of alcohol-related problems among women in the United States is the numbers of women treated in hospital emergency rooms for the effects of excessive intake of drugs and alcohol in combination.

Between May 1977 and April 1978, 118,517 drug abuse episodes were reported by the emergency rooms in the DAWN system. Of the people involved, 42 percent were male and 58 percent were female (U.S. population: 48 percent male; 52 percent female). The 16 percent difference does not necessarily indicate that females are more likely to abuse drugs. It may be that females are more likely to seek help and/or could not afford private treatment. Of the 118,517 reported episodes, 42,688 were attributed to tranquilizers. The next largest category, alcohol-in-combination, was reported 20,148 times. (10)

Treatment Facilities for Women

The National Institute of Mental Health regularly collects data on various types of treatment facilities in the country. A survey completed in August 1971 shows these figures on alcoholism halfway houses:

- There were 5,947 persons residing in 337 alcoholism halfway houses; the ratio of males to females was 8:1.
- Four out of five halfway houses admitted men only and a majority of all facilities listed employability among their admission criteria. (11)

Data collected by the states on admissions to alcoholism treatment programs by sex show these statistics: Of the 45 States reporting admissions by sex, the average number of male admissions per State was 16,421, compared with 3,259 female admissions, a ratio of 5:1. These figures reflect data collected from July 1977 to June 1978. (12)

Conclusions

Given the above data, some generalizations may be drawn:

- Rates of alcoholism and other alcohol-related problems in the total population and among women are only estimates.
- Estimates vary according to definitions used and populations surveyed.
- Overall, the percentages of women in treatment are lower than the percentages of women estimated to have problems.

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(8) Schuckit, M.A., and Morrissey, E.R. Alcoholism in women: Some clinical and social perspectives with an emphasis on possible subtypes. Alcoholism Problems in Women and Children. Edited by M. Greenblatt and M.A. Schuckit. New York: Grune and Stratton, 1976, pp. 6 and 7.

(9) Fraser, J. The Female Alcoholic. Toronto: Addiction Research Foundation of Ontario, 1974, pp. 3-6. Originally appeared in Addictions 20:64-80, Fall 1973, updated by Lavada Pinder in May 1976.

(10) U.S. Department of Justice, Drug Enforcement Administration and U.S. Department of Health, Education, and Welfare, National Institute on Drug Abuse. Project DAWN VI, May 1977-April 1978, p. 15.

(11) Cannon, M.S. Selected Characteristics of Residents in Alcoholism Halfway Houses. Statistical Note 76. Washington: U.S. Department of Health, Education, and Welfare. National Institute of Mental Health, March 1973.

(12) U.S. Department of Health, Education, and Welfare. National Institute on Alcohol Abuse and Alcoholism. National Status Report; State Alcoholism Profile Information System, February 1979.

DEFINITIONS OF PROGRAM CATEGORIES

Client Perspective

Initial visit - the first time the client comes to the program to seek treatment. The visit may be spontaneous, result from a referral, or follow a telephone inquiry. The client may be alone or accompanied by a friend, relative, spouse, or some other significant person.

Assessment - any activity carried out to provide information on which to base a treatment plan. The outcome of assessment is treatment goals and plans for achieving them.

Treatment - the events and activities designed to help the client achieve the goals established in the treatment plan.

Aftercare[1/] - activities that help to maintain or increase the gains the client has made during treatment. The exact nature of these activities will vary depending upon the types of unit (detox, inpatient, outpatient, halfway house, etc.).

Program Support

Program Planning - activities that must be in place to support an operating program or which must be considered in starting a new program, such as agency goals and philosophy, planning and evaluation processes, and recordkeeping.

Staff issues - the hiring, organization, supervision, and training policies as they apply to staff members who provide services to clients and operate the agency.

Followup - activities an agency undertakes to collect data on what happens to clients after discharge for purposes of evaluating program effectiveness.

Outreach[1/] - agency activities directed toward the community and designed to identify persons in need of services, inform people of available program services, identify related referral services (community resources), and enable people to accept and enter treatment.[2/]

[1/] Accreditation Manual for Alcoholism Programs. Chicago. Joint Commission on Accreditation of Hospitals, 1974.

[2/] Many agencies also have an education component in their programs which is defined in the Accreditation Manual as "the dissemination of relevant information specifically aimed at increasing the awareness, receptivity, and sensitivity of the community and stimulating social action to increase the services provided for alcoholics in the community." Prevention is another program activity that agencies may perform.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

PHYSICAL FACTORS	REFERENCES	TREATMENT IMPLICATIONS
1. The rate of gynecological difficulties in women alcoholics who had ever been married was found to be higher than in a group of nonalcoholic women who had ever been married. In the alcoholic group, 78% reported gynecological or obstetrical disorders; in the control group, 35% reported difficulties. Data was collected only on problems occurring before the onset of drinking and included difficulties in conceiving a child, repeated miscarriages, and permanent infertility (26% of the alcoholic women and 4% of the control group reported infertility).	Wilsnack, S.C. Femininity by the bottle. Addictions 20:2-19. Summer 1973.	1a. Medical history and physical examinations should be augmented by gynecological examinations and treatment as appropriate. 1b. Information on menopause, abortion, birth control, and similar issues should be available. Counselors should anticipate and help the client explore feelings about sex role and femininity that may be associated with gynecological and obstretical problems.
2. In a recent review of a number of studies on alcohol-related liver disease, the conclusion was that compared to men, female alcoholics risk developing liver disease at an earlier age, after a shorter period of drinking, with a lower level of alcohol consumption by self-report, and appear to have a higher risk of dying once the liver has been injured.	Hill, S. The Biological Consequences of Alcoholism in Women. A paper presented at the NIAAA Workshop on Alcoholism and Alcohol Abuse. Jekyll Island, Georgia, April 2-5, 1978.	2. This finding underscores the importance of early identification and referral for treatment to minimize the greater susceptibility of women to liver damage.
3. In recent years, the fetal alcohol syndrome (FAS) has received considerable attention. Heavy drinking during pregnancy has been connected with a pattern of physical and mental abnormalities characterized by slow growth and mental retardation in offspring.	Streissguth, A.P. Maternal alcoholism and the outcome of pregnancy: A review of the fetal alcohol syndrome. Alcoholism Problems in Women and Children. Edited by M. Greenblatt and M.A. Schuckit. New York: Grune and Stratton, 1976.	3a. Assessment should determine as nearly as possible the relationship of drinking and past pregnancies and should include status of children. 3b. Information on FAS should be provided to all clients of childbearing age.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

PHYSICAL FACTORS (cont'd)	REFERENCES	TREATMENT IMPLICATIONS
4. Though no conclusions can be drawn about the prevalence of drug abuse by sex, DAWN data show that in emergency room admissions for drug overdose, 42% were male and 58% were female. (Male: female ratio in general population is 48:52.) The same report shows that of the drugs mentioned by category, tranquilizers were mentioned as the causal agent in 23.9% of cases reported. Alcohol-in-combination was the next more frequently mentioned agent (11.3% of total cases). In the instances in which alcohol-in-combination was the causative agent, 51% of the cases were female and 48.8% were male. The greatest percentage of cases (39.6%) were in the 20-29 year old age bracket. Ages 30-39 were next with 23.3%.	Project DAWN VI. U.S. Department of Justice, Drug Enforcement Administration, and U.S. Department of Health, Education and Welfare, National Institute on Drug Abuse. May 1977-April 1978.	4. If the client requires detoxification, knowledge of drug intake is extremely important as it may affect the treatment required.
5. Sexual dysfunction is another physical problem frequently seen in women alcoholics, but studies describing its exact nature are inconclusive, often conflicting, and vary according to the population being studied.	Schuckit, M.A., and Morrissey, E.R. Alcoholism in women: Some clinical and social perspectives with an emphasis on possible subtypes. Alcohol Problems in Women and Children. Edited by M. Greenblatt and M.A. Schuckit. New York: Grune and Stratton, 1976.	5. Counselors should recognize the association of sexual problems to self-image and concept of femininity and be knowledgeable about sexuality and prepared to offer assistance or make appropriate referral.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

PSYCHOLOGICAL FACTORS	REFERENCES	TREATMENT IMPLICATIONS
1. Two broad categories of alcoholism have been specified: primary and secondary. Primary alcoholics are those who have no major preexisting psychiatric disorder. Secondary alcoholics exhibit alcoholism accompanied by other psychiatric problems. Secondary alcoholism is further classified by the type of psychiatric disorder associated with the alcoholism. One subtype is affective disorder characterized by depression, which lasts for weeks and seriously interferes with functioning.	Schuckit, M.A., and Morrissey, E.R. Alcoholism in women: Some clinical and social perspectives with an emphasis on possible subtypes. Alcohol Problems in Women and Children. Edited by M. Greenblatt and M.A. Schuckit. New York: Grune and Stratton, 1976.	1a. Assessment procedures must be designed to distinquish the presence of affective disorder so that proper psychiatric or allied treatment can be instituted in conjunction with alcoholism treatment. Diagnosis should be based on generally accepted criteria such as Research Diagnostic Criteria (RDC) or the criteria contained in the Diagnostic and Statistical Manual (DSM III).
		1b. If secondary alcoholism is identified, it may be difficult to find appropriate treatment. Some alcoholism agencies report refusal by psychiatric agencies to accept people with alcoholism.
2. Approximately 24% of women alcoholics come under this category and 5% of men. The reverse ratios are seen in a second subtype; sociopathic alcoholism, characterized by serious problems with family, peers, police, and school, starting before age 16.	Winokur, G.; Reich, T.; and Rimmer, J. et. al. Alcoholism III: Diagnosis and familial psychiatric illness in 259 alcoholic probands. Arch. Gen. Psychiatry. 23: 104-111, 1970.	

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

PSYCHOLOGICAL FACTORS (cont'd)	REFERENCES	TREATMENT IMPLICATIONS
3. Sociopathic alcoholism generally has a poor prognosis; affective disorder alcoholism has a better prognosis than primary alcoholism, based on one study following women for three years after treatment.	Schuckit, M.A., and Winokur, G. A short-term follow-up of women alcoholics. Dis. Nerv. Sys. 33: 672-678, 1972.	
4. Compared with other types of alcoholics, affective disorder alcoholics have onset at a later age, fewer years of alcoholism prior to hospitalization, a higher rate of previous alcohol-related admissions, less evidence of medical consequences of alcoholism, and a higher percentage of suicide attempts.	Schuckit, and Morrissey, op.cit.	
5. A number of studies report feelings of inadequacy, inferiority, low self-esteem, depression, guilt, and anxiety among alcoholics. It is not clear in these instances whether or not an associated affective disorder had been identified. Not all depression indicates affective disorder; it may be physiological effect of alcohol which disappears with abstinence.	Tamerin, J.S.; Weiner, S.; and Mendelson, J.H. Alcoholics expectancies and recall of experiences during intoxication. Am.J. Psychiatry. 126: 39-46, 1970.	

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

PSYCHOLOGICAL FACTORS (cont'd)	REFERENCES	TREATMENT IMPLICATIONS
6. A recent study reported that the self-esteem of women alcoholics was lower than that of men alcoholics and of "normal" women nonalcoholics, but was similar to that of women in treatment for psychiatric disorders not related to the misuse of alcohol and drugs. One year later, follow up showed a greater improvement of self-esteem among women and no significant difference in self-esteem between the men and women.	Beckman, L. Self-esteem of women alcoholics. J. Stud. Alc. 39:491-498, 1978.	6a. In the initial phases of treatment, supportive approaches rather than confrontation will probably be more beneficial to clients with low self-esteem. 6b. Strategies to increase self-esteem are essential elements of treatment. Examples of appropriate strategies include assertiveness training; identification and development of personal interests; and attention to improving health and appearance.
7. In the general population, there is more depression among women than men and studies relate this finding to women's social role. The theory is that depression is frequently a response to feelings of helplessness (nothing you do matters) and that the socialization of women fosters feelings of helplessness. (See social factors for aspects of the female role that may contribute to helplessness.)	Radloff, L.S., and Monroe, M.K. Sex difference in helplessness with implications for depression. Career Development and Counseling in Women. Edited by C.S. Hansen and R.S. Rapoza. Springfield, Illinois: Charles C Thomas, 1978.	7. Feelings of depression (as distinguished from affective disorder, see 1a above) may stem from a variety of causes. Activities that foster independence and a sense of autonomy may help to alleviate these feelings regardless of cause, e.g., upgrading of job skills.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

PSYCHOLOGICAL FACTORS	REFERENCES	TREATMENT IMPLICATIONS
8. A recent study confirmed previous reports that women cite a personal crisis or emotional stress as a factor in the onset of excessive drinking, whereas men gradually become more dependent on alcohol as they use it to cope with everyday stress.	Mulford, H. Women and men problem drinkers: Sex differences in patients served by Iowa's Community Health Centers. *J. Stud. Alc.* 38:1624-1639, 1977.	8. Outreach and community education programs can use this information to alert helping professionals and the general public to times of critical stress and suggest alternative methods for coping with stress.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SOCIAL FACTORS	REFERENCES	TREATMENT IMPLICATIONS
1. Numerous studies show that females in this society are viewed as passive, dependent, not competent, unable to take care of themselves, and needful of help and protection. This stereotype defines what is expected of a female and how she is treated by parents, teachers, and psychotherapists, and in literature and advertising. A female who shows active skillful, competent, assertive behavior is not doing what is expected or considered appropriate. If this behavior is ignored or punished, she may be learning helplessness. In summarizing numerous studies, Radloff concludes: In childhood, generally speaking, boys are more likely than girls to be treated in ways that "lead to competence, self-reliance, and the ability to cope effectively with the world." In adulthood, successful completion of a task is seen as having positive consequences for a male and negative consequences for a female. If successful women are rewarded, the achievement is more likely attributed to luck than ability. Women have less power than men in political, economic, and occupational arenas. Status in the family is related to decision making and employment, which are traditionally male roles.	Radloff, L.S., and Monroe, M.K. Sex differences in helplessness with implications for depression. Career Development and Counseling in Women. Edited by C.S. Hansen and R.S. Rapoza. Springfield, Illinois: Charles C Thomas, 1978.	1a. Though research shows no direct relationship between sex-role stereotypes and alcoholism, the women who come into treatment share the same socialization process as other women in society and have experienced similar conflicts. Therapeutic experiences must help women explore their own values, choices, and preferences and clarify and accept themselves as individuals with a range of "masculine" and "feminine" attributes. 1b. Other experiences, depending on individual needs, should be available to help women develop the skills they need to become competent and self-confident adults. 1c. Females as counselors and in leadership positions provide models for behavior for clients in treatment. 1d. Male-female staff interactions should provide examples of trust, openness, and mutual respect between the sexes.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SOCIAL FACTORS	REFERENCES	TREATMENT IMPLICATIONS
A wife is emotionally as well as economically dependent, especially if she spends much time at home and is isolated from other contacts. The emotional dependency is strengthened by early socialization toward depending on other people. The person who needs a relationship more (in this case the wife) has less power in the relationship.		
2. The sex-role stereotypes prevalent in society are reflected in the concepts of mental health that are held by male and female therapists. The healthy male and the healthy adult are viewed as exhibiting similar behaviors and attributes. A healthy female, however, is described as "more submissive, less independent, less adventurous, more easily influenced, less agressive, less competitive, more excitable in minor crisis, having (her) feelings hurt more easily, being more emotional, more conceited about (her) appearance, less objective, and disliking math and science." In effect, healthy women are regarded as significantly less healthy than men by adult standards.	Broverman, I.K.; Broverman, D.M.; et al. Sex-role sterotypes and clinical judgments of mental health. J. Cons. and Clin. Psych. 34: 1-7, 1970.	2a. Staff members need to be knowledgeable about the research on sex-role development, aware of their own values and attitudes regarding "woman's place," and sensitive to how these attitudes may affect treatment. 2b. Opportunities for assertiveness training, development of problem-solving skills and the like will help to foster greater independence.
3. A study of male and female behavior in same sex and mixed sex groups showed differences that reflect traditional sex-role demands. In the all male group, the discussion focused on issues of competition and status and the active members remained active in all sessions. In the all female group, the discussion focused on self, feelings and relationships, and activity in the group	Aries, E. Interaction patterns and themes of male, female, and mixed groups. Small Group Behavior, 7:7-18. February 1976.	3. Same-sex groups would seem to offer more benefit to women, especially early in treatment.

SOCIAL FACTORS	REFERENCES	TREATMENT IMPLICATIONS
changed within sessions and from session to session. In the mixed group, the discussion focused on the group itself, with a decrease in competitive aspects. Males made more references to self and feelings. Women talked less in the mixed group and had fewer interactions with each other.		
4. One review of female psychology points to the importance of female friendship to the general mental health of women.	Seiden, A.M. Overview: Research on the psychology of women: Gender differences and sexual and reproductive life. Am. J.Psychiatry. 133:955-1007, 1976. Seiden, A.M. Overview: Research on the psychology of women in families, work, and psychotherapy. Am. J. Psychiatry. 133:1111-1123, 1976.	4. Experiences during treatment that encourage trusting, supportive relationships among women will provide a basis for clients to develop constructive relationships after treatment with female relatives and friends.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

FAMILY FACTORS	REFERENCES	TREATMENT IMPLICATIONS
1. Women alcoholics are more likely than nonalcoholic women to have fathers who were alcoholics. Compared with alcoholic men, alcoholic women are more likely to have a parent (usually father), sibling, or spouse who is also alcoholic. One study reported that 35% of middle-class women alcoholics, 56% of lower-class women alcoholics, and 9% of middle-class men alcoholics had spouses who were alcoholics or problem drinkers.	Beckman, L.J. Women alcoholics: A review of social and psychological studies. J. Stud. Alc. 36: 797-824, 1975. Lisansky, E.S. Alcoholism in women: Social and psychological concomitants. I. Social history data. Quart. J. Stud. Alc. 18: 588-623, 1957.	1. Information about past and current family relationships will help the counselor and the client explore and understand how the client's image of herself as a person and a woman developed and how those patterns may contribute to present problems.
2. Women alcoholics are more likely to be divorced or separated than men alcoholics.		2. Supportive relationships with family, friends, or others will have to be strengthened or developed if long-term recovery is to be realized.
3. Women with children generally are responsible for their care and supervision.		3a. Care of children must be provided or arranged so that the woman is free to enter treatment and take full advantage of therapy. 3b. Support and assistance must be provided to help women deal with real or projected loss of child custody because of drinking.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

FAMILY FACTORS	REFERENCES	TREATMENT IMPLICATIONS
4. During recovery, realization of the effects on others of her drinking behavior will be accompanied by feelings of guilt.		4. Counselors will need to be aware of this and make provision for surfacing and dealing with these feelings during treatment.
5. Some of the ways children respond to parental alcoholism include poor school performance, truancy, withdrawal, and other acting out behaviors, or assuming responsibility beyond their years.	An Assessment of the Needs of and Resources for Alcoholic Parents. Report to the National Institute on Alcohol Abuse and Alcoholism. Booz, Allen, and Hamilton, Inc. Rockville, Maryland, November, 1974. Chafetz, M.E., Blane, H.T., and Hill, H.J. Children of alcoholics: Observations in a child guidance center. Quart J. Stud. Alc. 32:687-698, 1971.	5. Assessment of mother-child relationships will determine the need for treatment of children either separately or with their mothers.
6. Data from a recent study showed that among women in the sample who drink, those who are divorced or unemployed (except widowed) had the highest percentage of both heavy and problem drinkers. Women who were both married and employed had the next highest percentages in both categories. Both of these groups were significantly higher in heavy and problem drinking than the other three categories: single women who are employed, married women not in the workplace, and all widows.	Johnson, P. Working women and alcohol use: Preliminary national data. Paper presented to the American Psychological Association, Toronto, 1978.	6. Both prevention and outreach efforts directed to these groups are strongly indicated.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

ECONOMIC FACTORS	REFERENCES	TREATMENT IMPLICATIONS
1. Women are entering the work force in increasing numbers and it is likely that this trend will continue. In 1976, women accounted for 40.5% of the civilian labor force; 47% of women 16 and over were in the labor force.	U.S. Working Women: A Databook. U.S. Department of Labor, Bureau of Labor Statistics. Bulletin 1977.	1. Outreach efforts should include places of employment, especially those employing women in traditionally female jobs: clerical, teaching, nursing, bank tellers, food service. Prevention efforts should include ways of coping with job-related stresses.
2. For most women, working is an economic necessity: Of all divorced women, 71% are employed; of all women who never married, 59% are employed; of all married women whose husbands are absent, 57% are employed; of all married women whose husbands are present, 45% are employed. Thirteen percent of all families are headed by women.		2. Maintaining or regaining a job will be an essential factor in successful recovery for many of the women in treatment for alcoholism.
3. Compared with men, women are more likely to be underpaid and/or unemployed or underemployed: In 1975, women employed full time had a median income equal to 59% of the median income for men; in 1956 it was 63%. In 1975, the median annual earnings (includes full and part time workers) for white women was $4085, for black women $3949, for Hispanic women $3618. The unemployment rate for women was 8.6%, compared with 7% for men; the unemployment rate for women family heads was 9.8%; the unemployment rate for minority women was 14%, compared with 7.3% for		3. In many cases, vocational counseling and training are needed for clients who are heads of households and need upgrading of skills to get better paying jobs, who are newly separated or divorced and have little or no work experience, or women who want to pursue a career, perhaps in a field not traditionally chosen by women.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SPECIAL POPULATION FACTORS	REFERENCES	TREATMENT IMPLICATIONS
All of the groups discussed below share the burden of being "different" because of race, culture, language, sexual preference, or other characteristics, and must contend with the effects of prejudice, discrimination, and oppression directed toward minority groups.		
Another common pattern, especially among some racial and cultural groups, is the family and community disruption resulting from moves from rural to urban settings, erosion of longstanding values and traditions, or entering a completely different society as did the Puerto Ricans, Cubans, Mexicans and others who have moved recently to the U.S.		In all cases, to the extent possible, treatment staff who reflect the background of the target population should be available.
The Black Woman		
1. Compared with white women, a higher percentage are abstainers and, of those who drink, a higher percentage are heavy drinkers. 2. Beyond that the data are not sufficient to support any generalizations about the black female alcoholic.	Cahalan, D.; Cisin, I.H.; and Crossley, H.M. American drinking practices: A national study of drinking behaviors and attitudes. New Brunswick, N.J.: Rutgers Center of Alcohol Studies, 1969, (Monograph No. 6). Gaines, J.J. Alcohol and the black woman. Alcohol Abuse in Black America. Edited by F.D. Harper. Alexandria, Virginia: Douglass Publishers, Inc., 1976.	

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SPECIAL POPULATION FACTORS	REFERENCES	TREATMENT IMPLICATIONS
3. Black women who were employed earned over $800 less than white women and over $2000 less than black men, even though their educational profile is almost identical to the latter group.	Marshall, E.; Hillsman, J.; and Patterson, V. The black women in treatment. 1976	3. Upgrading of job skills will be vital in many cases, especially for women who are sole providers for their children.
The Hispanic Woman		
1. This broad category is used to refer to the people in this country who share a common language and the common roots of the Hispanic culture and tradition: Puerto Rican, Cuban, and Mexican-American		1. Bilingual counselors who have backgrounds similar to those of Hispanic subgroup clients will be more likely to attract them to treatment and increase the likelihood that they will stay.
2. The Hispanic woman is generally protected first by her family and then by her husband and her role as daughter, wife, and mother are clearly defined.		2a. Hispanic counselors as role models will help support the Hispanic woman in treatment. 2b. Skill in family therapy may help to enlist support of family.
3. This protection and the role restrictions may become barriers to a woman needing alcoholism treatment. Experience shows that in the Southwest, parents and/or husband may accept brief detoxification but resist longer treatment as unnecessary. Even a woman wanting treatment may not be able to overcome their pressure.	Romero, L. La Mujer: The Mexican-American Alcoholic Woman--Who is She? 1978.	3. Outreach programs to significant others should be geared toward reducing their resistance to the need for treatment.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SPECIAL POPULATION FACTORS	REFERENCES	TREATMENT IMPLICATIONS
The Indian Woman		
1. The use of alcohol by Indians is estimated as twice that of the general population and the alcoholism rate closely parallels national statistics. The rate of alcohol-related suicides among Indians (75%-80% of suicides from all causes) is two to three times greater than among the general population.	Self-Help Programs for Indians and Native Alaskans. Alcohol Health and Research World. Experimental Issue, Summer, 1974.	
2. The Indian woman is totally responsible for child care (Indian males consider these duties unmanly). The woman fears that if she leaves the children to seek treatment, her neglected children may be taken by social welfare workers for placement in foster homes or adoption.	Hornik, E.L. The Drinking Woman. New York: Association Press, 1977, p. 115.	2. Provision for child care and legal assistance regarding custody are essential.
3. Knowledge about drinking patterns and consequences among American Indian women is extremely scanty, even though one in five clients in Government sponsored alcoholism treatment programs is female. Of 114 abstracts recently reviewed on alcohol use among Indians, not one related to women specifically. One indicator of the nature of the problem is a report of national sex-specific cirrhosis mortality data for 1975 and 1976. One out of four deaths among Indian women ages 35-44 was attributed to cirrhosis in 1975, the highest ratio of males and females among three groups compared: whites, blacks, and American Indians.	Johnson, S. Cirrhosis mortality among American Indian women: Rates and ratios, 1975 and 1976. Paper presented to the National Council on Alcoholism, Washington, D.C., April 30-May 2, 1979.	3. While more data are needed to determine why this group seems so susceptible to cirrhosis, intensive prevention and outreach efforts to Indian women in this age group and younger are needed now.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SPECIAL POPULATION FACTORS	REFERENCES	TREATMENT IMPLICATIONS
The Lesbian Woman		
1. In 1971, The National Association for Mental Health established the official position that, in view of all available data, national and international, homosexual behavior in itself endangers neither the individual nor society.	Hawkins, J.L. Lesbianism and alcoholism. Alcoholism Problems in Women and Children. Edited by M. Greenblatt and M.A. Schuckit. New York: Grune and Stratton, 1976. p. 142.	1. The focus of treatment should be recovery from alcoholism rather than alteration in sexual preference.
2. The following myths support the continuing predjudice toward homosexuals: Myth: All homosexuals assume the role of either the male or the female in a relationship. Fact: Role playing is practiced by only a minority of male and female homosexuals. Myth: Homosexuals are more promiscuous than heterosexuals. Fact: On a relative scale from most to least, one study showed this order: homosexual men, heterosexual men, homosexual women only slightly more than heterosexual women. Myth: Homosexuals are incapable of forming lasting relationships. Fact: Saghir and Robins suggest in their study that a third of the homosexuals between 20 and 40 years of age maintain relationships for at least four years.	Saghir, M.T. and Robins, E. Male and Female Homosexuality: A Comprehensive Investigation. Baltimore, Williams and Wilkins Company, 1973.	2. Staff must be carefully selected and/or trained to provide the safe, accepting, positive atmosphere needed for effective treatment of lesbians.

FACTORS TO CONSIDER IN DESIGNING TREATMENT PROGRAMS FOR WOMEN

SPECIAL POPULATION FACTORS	REFERENCES	TREATMENT IMPLICATIONS
Myth: Homosexuals seduce children into becoming homosexual themselves. Fact: Evidence strongly indicates that while the psychologic state of homosexuality is determined in early childhood, the contributing factors are unknown and have little to do with sexual seduction by a member of the same sex, either covert or overt.	Hawkins, *op. cit.*, p. 144	
3. A number of factors contribute to the development of alcoholism in the lesbian community, including the isolation, fear, and alienation resulting from societal attitudes; the social and community center for lesbians being frequently a bar; and lack of responsive treatment agencies.	Weathers, B. Alcoholism and the lesbian community. *Alcohol Abuse Among Women: Special Problems and Unmet Needs.* Washington, D.C. Superintendent of Documents, U.S. Government Printing Office, 1976.	3a. Treatment and aftercare activities must include opportunities for support and socialization in an environment where alcohol is absent. 3b. Outreach efforts must take into account the mistrust and isolation that lesbians have adopted for protection.

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

The attached form is designed to help you examine an existing treatment program for women to identify areas for improvement, or, if you are planning to start a program, identify critical factors to take into account in planning.

The form is organized under eight categories: program planning, staff issues, initial visit, assessment, treatment services, aftercare, follow-up, and outreach. Under each heading is a series of questions to ask yourself about that program aspect. In answering each question you may check yes, no, don't know, needs improvement, or NA (not applicable), as appropriate. A space headed "Comments" is provided for a brief note explaining your response or to indicate what additional information you need to obtain.

When you have answered all the questions, a visual inspection of the columns checked will show the program areas that need work. Any program category with more than a third of the check marks in the "no," "don't know," or "needs improvement" columns merits your careful consideration for remedial action.

You can also use the Assessment Checklist as an informal measure of progress in program development. Comparison of checks from year to year will show which areas have improved and indicate which areas need work. When the Checklist is used to measure progress, it should be completed by someone other than the persons responsible for the changes, to get the benefit of an "outside," objective viewpoint.

If you are not now treating women alcoholics, but are preparing to do so and have prepared a plan for implementing new services, read the Checklist with your plan in mind. Does your plan reflect the considerations listed? Do some areas such as staff issues need more attention?

If you have not yet formulated a plan, read through the entire checklist, check those areas that may already be in place, and indicate under "Comments" those areas where you anticipate particular difficulties. Then, starting with program planning, begin answering each question to the extent possible and indicate under "Comments" what further information you need to collect.

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

PROGRAM PLANNING: Agency data provide an indicator of the need for program change and a useful measure of the effect of program change. Much of this information may already exist in client records and data collected for Federal and State information systems.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Do the women in treatment reflect the characteristics and numbers of women in the population being served?						
Does the percentage of women in treatment reflect a male/female ratio for estimated alcoholism prevalence rates of at least 3:1? (There may be variation due to the composition of particular communities, but since estimates have generally been low in the past, this figure, consistent with NIAAA objectives, is suggested as a standard.)						
Are dropout rates of male and female clients comparable after the initial visit? During treatment?						
Do women stay in treatment as long as men on the average?						
Are rates of successful outcome similar for men and women clients?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

PROGRAM PLANNING: If you are not yet treating women, but are planning to do so, consider these basic principles: (1) Start small; add components gradually. (2) Follow a systematic planning process at all stages of program development: assessment, program design, implementation, and evaluation. (3) Hire staff to match the community. (4) Provide training in women's issues and alcoholism as early as possible. Resistance to change is a common phenomenon and resistance to providing services to women may be quite strong. A thorough analysis of the agency and community during the planning stage will help to anticipate problems and prepare to meet them.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Are the goals, philosophy, facilities, location, and staff characteristics of the existing agency consistent with the needs of the women's program?						
Are key people committed to the women's program						
• On the board?						
• In agency administration?						
• Among agency staff?						
• In the community?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

PROGRAM PLANNING: A community assessment ensures that the treatment services and outreach program planned and implemented by the agency are relevant to the target population and compatible with community structure, beliefs, issues, and so on.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
From its assessment, does (or will) the agency have information about:						
• The boundaries of the community served by the present program? (Should they differ for the women's program? If so, why?)						
• The nature of the community (working class, upper class, suburban, rural, urban, etc.)?						
• The community leaders, trend-setters, opinionmakers?						
• The significant cultural, ethnic, or language patterns?						
• The community's views on alcoholism, women's issues, sex, family, and related issues (radical, liberal, moderate, conservative, etc.)?						
• The religious climate of the community?						

PROGRAM PLANNING - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
• What people do in their leisure time?						
• The role alcohol plays in community life?						
• Where the women are (home, employed, in school, in the criminal justice system, isolated because of rural location or lack of transportation, etc.)?						
• What resources are available (educational, social, medical, legal, financial, etc.) for augmenting agency services?						
Has a women's advisory board* been stablished and has input from it and he agency's board of directors been ought and included in program planning?						

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*Treatment agencies receiving grant funds from NIAAA must establish an advisory committee which is representative of the characteristics and variables of the community to be served. The mechanism would be an appropriate way to involve women in program planning and implementation.

PROGRAM PLANNING - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Have interested former clients and/or informed women in the community been consulted, and are their ideas and skills being used effectively in all phases of program development and operation?						
Do goals and objectives for women's services reflect the needs of the women being served?						
Are goals and objectives for women's services clearly stated and compatible with agency goals and philosophy?						
Are program services, policies, procedures, and decisions consistent with goals and objectives?						
Does the recordkeeping system provide the information needed for determining program effectiveness as expressed in the objectives?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

STAFF ISSUES: Staffing patterns, personnel policies, and staff interactions say a great deal about the attitudes of people in the agency toward women. If the agency philosophy of women's treatment states that qualities of competence, ability, assertiveness, and independence are acceptable in both men and women, staff members of both sexes should behave and be treated accordingly. Further, women in treatment are likely to make better progress if they can see women staff exhibiting the behavior they are trying to learn.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Are some leadership positions in the organization held by women?						
Do women staff members model mutual respect, support, and constructive interactions with each other?						
In male and female staff interactions:						
Are women's suggestions heard and respected?						
Are ad hoc assignments of special projects, staff development opportunities, etc. made on an equal basis?						
Are opportunities for promotion awarded on basis of merit?						

STAFF ISSUES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Do staff (male and female) model:						
Healthy conflict resolution?						
Problem solving?						
Assertive behavior?						
Positive self concept?						
Mutual cooperation and support for the benefit of the total program?						
Do women staff reflect the ethnic and cultural characteristics of the population of women served?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

INITIAL VISIT: A client's first contact with an agency is critical because it may determine whether or not the person returns for treatment. The items listed below are important to consider for women clients.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
If the first contact is by telephone:						
Does someone from your agency (secretary or counselor) talk with the woman on the phone rather than just make an appointment?						
Is she encouraged to come in immediately, or as soon as she can?						
If the woman is calling for help with a crisis situation, can agency staff respond immediately, including a home visit, if necessary?						
If a woman makes her first contact by arrival at your facility, are you prepared to accommodate her at that time rather than simply make an appointment to see her later?						
Regarding the facility itself:						
Is it discreetly but clearly identified?						
Is it located in a safe, accessible neighborhood?						

INITIAL VISIT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Is it clean, attractive, and comfortable?						
Whether making a first contact or keeping an appointment:						
Is the woman treated courteously?						
Is she seen immediately?						
Is a female counselor available?						
Is child care available during the visit, if necessary?						
Is the interaction characterized by:						
Informality?						
The same form of address for both client and counselor?						
Lack of barriers (desk, titles) between client and counselor?						
Absence of patronizing behavior such as patting her hand or minimizing her feelings?						
Are the woman's concerns about confidentiality or anonymity respected by:						
Asking who she does or does not want contacted regarding her treatment?						

INITIAL VISIT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Accepting a fictitious name if the client does not want to reveal her own?						
Is the visit conducted in a way that enables the client to:						
Experience a lessening of anxiety; become more hopeful?						
Feel more positive about herself in relation to alcoholism by learning some of the myths about the disease?						
Tell her story as she sees it, without interpretation, and without interruption except for clarification?						
Receive feedback indicating that the counselor has heard exactly what she has to say?						
Learn what the program has to offer and what she may expect to happen?						
Are written materials on the program and other relevant topics provided?						
If family, friends, spouse or some other significant persons accompany the client, are they seen by the therapist?						

INITIAL VISIT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does the counselor have the option to postpone procedural matters (filling out forms) until the second visit?						
Has your program been planned so as to minimize the need for referrals?						
If referral is needed, does your staff know the community resources thoroughly and intimately so that the referral is smooth and comfortable for the client?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

ASSESSMENT: A number of procedures are available for assessment of a client's needs and resources as a basis for treatment planning: interviews with client and significant others; standardized self-assessment forms; and physical and laboratory examinations. The exact nature of assessment and the methods for recording findings will vary from agency to agency. Assessment of women clients should reflect attention to the following areas in addition to those usually assessed prior to alcoholism treatment planning. No significance is intended by the sequence of topics.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does the alcohol/drug use assessment:						
Provide information on recentness and quantities of drug intake to guide modifications in detoxification therapy?						
Explore the use of other drugs, especially prescription and over-the counter remedies?						
Include information, if appropriate, about alcohol and drug intake (including prescription drugs) during pregnancy?						
Does the medical assessment:						
Include general medical, alcohol, gynecologic/ obstetric, and psychiatric areas?						
Rule out the possibility of psychiatric illness, especially depression?						

ASSESSMENT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Include assessment of general mood and other aspects of psychological status?						
Include, if appropriate, prior treatment by healers, shamans, or other nonorthodox practitioners?						
Does marital history:						
Determine spouse's drinking behavior?						
Explore the clients expectations of marriage, met and unmet?						
Explore the client's feelings toward being a mother and toward her children?						
Reflect acceptance of women who never marry, do not have children, express dissatisfaction with role as wife or mother, or leave their families?						
Does the family history:						
Explore establishment of sex role patterns (learned helplessness, development of life goals, concept of male/female relationships, concept of female role in the family)?						

ASSESSMENT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Examine differences in acceptable behaviors for males and females (e.g., the boy who leaves home early is adventurous and resourceful; the girl who leaves home is troublesome, rebellious)?						
Explore history of alcoholism and psychiatric disorders among parents and siblings?						
Does the education/work history:						
Show attention equal to that given in male histories?						
Explore discrepancies that appear between educational preparation and jobs held?						
Determine pressing needs for food, housing, or other assistance?						
Does religious history:						
Summarize religious background and experiences?						
Probe for any changes in the client's views?						
Ascertain the church's view on women and drinking?						

ASSESSMENT - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does assessment include interview with significant others (with woman's permission) alone, as a group, and with client?						
Do these interviews include exploration of attitudes and feelings surrounding the fact that the woman has sought treatment?						
Are hobbies and outside interests given the same attention as in male histories?						
Are ethnic/cultural/language considerations give appropriate attention?						
It is suggested that the sexual history not be explored during initial assessment, but if the topic arises, are labels such as promiscuous, nymphomaniac, and frigid avoided?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

TREATMENT SERVICES: This section addresses items of particular importance to women clients. Factors essential to all alcoholism programs may be omitted but they are nonetheless important, e.g., alcoholism education programs and health care for alcohol-related and other conditions.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Are female counselors available? Female case managers?						
Are different groups offered to accommodate a range of needs and preferences (all women, mixed sex, mothers, etc.)?						
Is individual counseling available?						
Regarding choice of group and other treatment services, are women:						
Informed of the alternatives?						
Informed of the pros and cons of each?						
Given a clear message that choices are not irrevocable?						
If mixed groups are utilized, do they have:						
Equal representation of males and females?						

TREATMENT SERVICES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Balanced participation of all members?						
Male and female coleaders?						
Is child care provided either by the agency or by arrangement with appropriate community resources?						
Is housing for women and children provided, if necessary?						
Is there provision for the treatment of children either within the agency or on a referral basis?						
Are treatment times scheduled at client's convenience?						
Does your staff use telephone outreach to contact clients who have missed appointments?						
Is transportation to the treatment facility provided for women who need it?						
Is appropriate treatment available for persons with psychiatric problems (e.g., primary affective disorders)?						

TREATMENT SERVICES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does vocational/career development include:						
Assessment of personal interests, status, goals, aptitude, needs, and past experience, with emphasis on transferable skills and talents?						
Counseling around fears, concerns, opportunities available, personal resources?						
Provision of training and placement resources?						
Does the program provide for gynecologic exams, birth control and menopause information, etc.?						
Does the program provide education/information on health, nutrition, sexuality, etc.?						
Does the program provide alcohol education and therapy for significant others (spouse, parents, children, relatives, friends, roommates, lovers)?						
Is there provision for legal consultation (child custody, separation/divorce, abuse, financial problems)?						
Do the services offered respond to						

TREATMENT SERVICES - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does the program provide personal growth opportunities in:						
Assertiveness?						
Problem solving?						
Values clarification?						
Development of leisure activities?						
Parenting skills?						
Other areas as determined by client needs?						
Is the message conveyed that while abstinence is a goal of treatment, a drinking episode does not exclude a woman from treatment?						
If a woman elects to drop out of treatment, is she encouraged to return at least once to make plans for aftercare? (See also section headed AFTERCARE.)						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

AFTERCARE*: The following items assume that the client is leaving the agency by mutual agreement of client and counselor upon completion of the treatment plan. Procedures instituted when a client drops out of treatment are dealt with in the section headed Treatment Services.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Does aftercare planning begin well before the client is ready to leave treatment?						
Do the aftercare activities provide the client with a support network and sources of help (e.g., family, friends, neighbors, women's groups, to offer moral support, help with children, etc.)?						
Does the aftercare plan include a strategy to help the client deal with situations identified during treatment that have triggered drinking episodes in the past?						
Has the message been clearly conveyed throughout the treatment phase that the client will not be rejected if she returns for help after a drinking episode?						

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*As defined in JCAH Accreditation Manual for Alcoholism Programs, aftercare is "the process of providing continued contact which will support and increase the gains made to date in the treatment process." The way this definition is applied will depend on the type of agency. Aftercare for a residential program will differ from aftercare for an outpatient program.

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

FOLLOW-UP: The following items refer to the activities an agency undertakes to collect data on what happens to clients after discharge for purposes of evaluating program effectiveness.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Is explicit permission of the client sought for contact by the agency?						
Is the person who will be making the contact someone the client knows and trusts?						
Was the purpose of follow-up explained early in the treatment phase?						
Has it been clearly specified when the agency will make contact and in what form?						

WOMEN'S TREATMENT SERVICES ASSESSMENT CHECKLIST

OUTREACH: An aggressive outreach effort is essential to draw into treatment the women who have been underserved in the past. To avoid disappointment for the women who respond to vigorous outreach and frustration for the staff who may not be prepared, treatment services geared to women's needs must be ready and waiting. A responsive, effective treatment program, in turn, supports and enhances the outreach efforts. Particular contact organizations and strategies will vary according to community.

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Timing						
Will outreach efforts and their expected results coincide with agency readiness to receive and treat an increasing number of women clients?						
Responsibility and Participation						
Is someone, preferably female, designated responsible for outreach to women?						
Are women adequately represented in the membership of the Advisory Committee?						
Are these women utilized to the utmost in planning and implementing outreach?						
Agencies/Groups to Contact						
Do the professional groups contacted include doctors (particularly psychiatrists and obstetric-gynecologic specialists), visiting nurses, social workers, welfare case workers, clergy,						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
lawyers, teachers, court personnel, marriage counselors, hospital emergency room staffs, etc.?						
Are workers who may function as referral agents also contacted, such as rescue squads, hairdressers, bartenders, baby-sitters and day care center staffs, apartment managers, etc.?						
Do contacts with community organizations include church groups, parent-teacher organizations, employers, labor unions, business and civic organizations, women's groups, professional groups, and universities?						
Are contacts regularly maintained with the other alcoholism services agencies in the community?						
Strategies						
Have these educational approaches to professional groups been considered:						
• Presentation at luncheon meetings of professional groups to stimulate interest?						
• Follow-up workshops and seminars to meet the needs of the target group, using continuing education and inservice formats among others?						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
Do formal linkages with individuals and agencies include:						
• Designation of a contact person at both agencies?						
• Referral guidelines and procedures?						
• Training in early identification and confrontation techniques?						
• Provision for joint consultation on a regular basis?						
Do contacts with community organizations include:						
• Distributing pamphlets, brochures, fact sheets, and informational materials on alcoholism and the agency's services to women?						
• Messages to men emphasizing their role in early identification and referral for treatment and highlighting the dangers of "protecting" the alcoholic woman?						
• Making educational presentations on alcohol, alcohol and women, and your program services?						
• Providing materials and other assistance so that organizations can make their own presentations on alcohol problems?						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
• Offering opportunities for organizations to become involved in the program through fundraising and other services?						
• Working through staff or former clients who may be members of community organizations?						
• Providing free space in your facility for community groups to conduct their programs in exchange for free attendance by your clients?						
55 Are efforts made to contact community people who do not belong to organizations by such efforts as:						
• Participation in health fairs?						
• Setting up a table for information dissemination and on-the-spot counseling in a supermarket? (One person is more effective in attracting people than two.)						
• Participating in community activities in general, e.g., providing space for voter registration, health screening programs, etc.)						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
● Utilizing local newspapers and radio and television stations to:						
- place "spot" community service announcements						
- advertise						
- present feature articles on the program and women's alcoholism						
- participate on local talk shows						
- explore educational television as a means for conducting alcohol education						
- write letter to the editor						
- develop human interest stories						
- provide articles and information to newsletters and other publications of special interest groups, women's organizations, schools, etc.						
Do community-at-large efforts through media and other means convey messages that:						
● Dispel myths about alcoholism?						
● Assist in early identification?						

OUTREACH - continued

ITEM	How do we stand?					COMMENTS
	Yes	No	Don't Know	Needs Improvement	NA	
- Describe treatment available?						
- Reflect understanding of women's issues?						
Evaluation						
Is the outreach program periodically assessed in terms of strategies used and intended results?						

WOMEN'S TREATMENT SERVICES
ANALYSIS WORKSHEET

Category being considered for implementation or improvement (program planning, assessment, aftercare, etc.):

What specific action or actions are needed?

What major steps must be taken to bring this about?

What resources will be required (time, new staff, training, more information, new procedures, etc.)?

Analysis Worksheet - continued

Are the fundamental program elements in place? ____Yes ____No ____Unsure
If no, which one(s) must be established?

What other barriers must be overcome? ________________________

What side effects (good and bad) might be anticipated? ______________

WOMEN'S TREATMENT SERVICES
ANALYSIS WORKSHEET

Category being considered for implementation or improvement (program planning, assessment, aftercare, etc.): *Staff Issues*

What specific action or actions are needed? *(1) need women in leadership positions, (2) better staff interactions (inconsistent on measures cited in checklist)*

What major steps must be taken to bring this about? *(1) review promotion guidelines and job descriptions; fill next available management or board position with a qualified woman, (2) assess major areas of difficulty; establish staff development/team building sessions*

What resources will be required (time, new staff, training, more information, new procedures, etc.)?

(1) none; policy review and staff recruiting and hiring is part of director's job, (2) need more information about staff attitudes and perception of women; 2-3 months for assessment and planning; outside trainer; possibly some released time for staff development

Analysis Worksheet - continued

Are the fundamental program elements in place? _____Yes _____No *1&2* Unsure
If no, which one(s) must be established?

For both actions, a review of personnel policies, supervisory procedures, and mechanisms for staff input to decision-making may reveal some gaps or inadequate procedures.

What other barriers must be overcome? *(1) & (2) general resistance to change; conflict with other program needs, (2) directly involves more people than (1)*

What side effects (good and bad) might be anticipated? *good: in both cases achievement of suggested changes may lead to improvements in other areas such as more community input (if woman is added to board), more role models for clients, more constructive working relationships among staff.*

bad: unrealized expectations for some staff members; temporary drop in staff morale and productivity.

PRIORITY SELECTION GUIDELINES

? = need more information to answer with certainty

N.A. = not applicable

	Proposed Actions											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Can it be accomplished within the current budget?												
If not, are the necessary funds readily available?												
Can the action be accomplished in 6 to 12 months?												
Is there a possibility of benefit to the agency beyond women's services?												
On a scale of 1 to 10 (10 being most difficult), do the obstacles to be overcome rate 6 or less?												
TOTALS												

PRIORITY SELECTION GUIDELINES

? = need more information to answer with certainty

N.A. = not applicable

	Proposed Actions											
	Women in leadership positions		*Better staff interaction*									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Can it be accomplished within the current budget?	✓			?								
If not, are the necessary funds readily available?	N.A.			✓								
Can the action be accomplished in 6 to 12 months?	✓		✓									
Is there a possibility of benefit to the agency beyond women's services?	✓											
On a scale of 1 to 10 (10 being most difficult), do the obstacles to be overcome rate 6 or less?	✓			✓								
TOTALS												

Section II

Selected Articles

THE BLACK WOMAN IN TREATMENT

Ernestine Marshall, Julia E. Hillsman, Vera Patterson

Joan Brown, Normandie Kamar
Editors

THE PROBLEM

RACISM AND SEXISM

The Black female addict faces multiple problems because she is an addict, she is a woman, and she is Black. To treat only the symptoms of her addiction and to ignore the effects of sexism and racism are to neglect at least two-thirds of her problem.

All women in our society are handicapped by social definitions of womanhood. The arbitrary roles assigned to women encourage sexist practices, blatant and subtle, that have undermined or, at best, confused women about issues of competence, aptitudes, and "appropriate" aspirations. The problems confronting all women are multiplied for those who bear the double burden of being female and Black.

For years being Black has meant second class citizenship. The Black woman has had to combine this status with her subjugation as a female and to deal with a role that has been rigidly defined by society: she is seen as able to function in only two places, the bedroom and the kitchen. Certainly, it is difficult to overcome this demeaning stereotype and begin to develop self-respect and a positive self-image.

This article first appeared in The Resource Manual of Women in Treatment, a course developed by the National Drug Abuse Center for the National Institute on Drug Abuse. Contract No. 271-75-4018, September, 1976.

THE BLACK WOMAN IN HISTORY

The history of the Black woman is one of malicious abuse. She has been treated as a breeder by the white slave master, has been hated by the white women (the master's wife), and has been looked upon by Black men as a castrator. She has had to be strong; she has had to hold the family together. In far too many cases she has had to be bread winner, the financial thermostat, nurse and teacher of her young. She has been the one responsible for keeping her children's minds, souls, and bodies intact. Faced with these tasks, the Black woman had to be strong, with no reward offered for survival.

The Work Role

Traditionally Black women have been seen as "domestics"; their talents and creativities have never been encouraged or in demand. They have never been viewed as potential educators, doctors, lawyers, coaches, or business executives.

Statistically, Black women are on the very bottom of the economic ladder. Black women employed full-time earned an average of $5,147, more than $2,000 less than that earned by Black men and more than $800 less then white women. (Interestingly, the education profile for Black men is almost identical to that for Black women.)

Education

For many years Blacks were not allowed to receive an education or be trained for any skilled job. For generations they were told that they were stupid, dumb, and unteachable--that they had "defective genes." Even today in the "Cradle of Liberty," Boston, Massachusetts, Blacks are having to fight just so that their children will be allowed the best possible opportunity for quality education.

Education means learning to do something well, with expertise in a given area that is the equivalent of economic security. The plight of many Black women is that they are unskilled or have no truly marketable skills, and are not often encouraged to pursue the necessary education.

Physical Appearance

Because the ideal image of woman as depicted on the cover of Harper's Bazaar and other fashion magazines was white, Black women have long been striving to look and act like white women. Kinky hair, a wide nose, and thick lips were said to be ugly and unattractive. Black history has for the most part been so distorted, lost, stolen, or forgotten that the heritage of beautiful Black queens has long since been forgotten, and only in recent years have Black women been shown as fashion models.

Relationships with Men

In an attempt to overcome the stereotype that would keep her in the bedroom, the Black woman has been raised to be extremely careful of how she conducts herself with her man. If she is not either engaged or married she must avoid becoming involved sexually; otherwise, she is looked upon as a "loose" or "bad" woman. This perspective has taken its toll on Black women. If they are too selective, they are labelled as frigid, cold, and unable to be "real" women. Our training in our youth dictates how we feel and act as adults. This is the dilemma: the Black woman is trapped, feeling overly guilty about either position she chooses to take.

A myth surrounds the Black woman's relationship with her man. She is perceived as domineering and disrespectful, as competitive and castrating, as stronger and more knowledgeable. Yet, Black women have had to become aggressive and strong to ensure the survival of themselves and their families.

The myth can have a profound influence on a Black woman's life. She may fall victim to a self-fulfilling prophecy: she has been told for so long how domineering, castrating, and competitive she is that she begins to believe it, and to act accordingly.

Although these qualities may be critical to survival, aggressiveness and competitiveness are defined as castrating. Men are rarely criticized for these characteristics; they are the very qualities that contribute to a man's upward mobility and ultimate success.

The Black woman addict faces the problems created by her Blackness and her sex, and must also contend with the difficulties of addiction. She needs a treatment setting designed to deal with her gender and ethnicity, as well as her addiction. Treatment staff must be extraordinarily sensitive to the interelatedness of the three dimensions of the problem.

TREATMENT

Before staff members attempt to treat the Black female addict they must engage in some serious introspection to clarify their own attitudes about women, about Blacks, and about Black women. Staff should avoid perpetuating society's stereotypes. Since few of us have escaped the influences of sexism and racism on our thinking, staff members of both sexes should ask themselves the following questions:

About women

- What are my biases about women? Do I think in terms of women and men as having separate and distinct roles to fulfill.
- Do I tend to think that certain personality characteristics are more appropriately exhibited by women than by men (soft, supportive, gentle, passive)?
- Do I think that some behaviors are inappropriate when expressed by women (aggressive, self-assertive, independent, domineering)?

About Blacks

- How do I really feel about Blacks? Do I believe Blacks can't or don't quite cut the mustard?
- Am I convinced that somehow Blacks are poor risks in terms of rehabilitation? (Blacks also should examine their perceptions of other Blacks.)

About Black Women

- Do I see Black women as tough, mean, and hostile?
- Do I think Black women are irresponsible and less competent than their white counterparts?
- Do I perceive Black women, sexually, as either amoral and totally promiscuous, or as frigid and unloving?

Staff should remember that it is difficult to ignore all of the myths and stereotypes that pass for truth in our society. Two things should be kept in mind: Staff should avoid stereotyping clients and should help clients recognize their own stereotypes about themselves.

TREATMENT OF BLACK WOMEN BY BLACK WOMEN

Some white counselors can and do provide effective treatment for Black women. However, treatment of Black women by Black women is usually preferable. The benefits of cleaning up will probably be much more convincing to the addict if another Black woman points them out. In general, the Black female counselor has many things in common with her client. Because she shares certain experiences, aspirations, and language patterns (both verbal and nonverbal), the problems and needs of the client are more likely to be evident to her. She will be better able to know when her client needs support and when she needs correction. Her client has had to develop the ability to con, to say what "the man" wants to hear, to arouse the sympathies and guilts of white liberals--to manipulate others. These techniques are not likely to be as effective with another Black woman.

THE TREATMENT STRATEGY

Understanding the Subculture

Any treatment strategy must be dictated as much as possible by the needs, characteristics, and style of the individual in treatment. Every group in our society has its own life-style. It is important to recognize the role of the Black ghetto subculture in relation to the client when she enters the treatment setting. Her struggle to survive in the drug subculture of this Black ghetto must be considered. An attitude of hostility may be only a mask for self-protection, so the staff should be careful not to make assumptions about character disorders. The treatment counselor should attempt to understand the source of the client's anger and direct her beyond it.

It is imperative that counselors be creative and relentless when attempting to motivate Black female clients. The client's resistance often stems from lack of understanding and knowledge, rather than from disinterest. For example, a new client entering a treatment modality may seem untidy and lazy, and may make no positive efforts towards correcting this even after being told about it several times. She is usually asking for direction from the staff, rather than admonishment; her life-style has not yet given her the chance to learn the accepted behavior.

Pride and Self-Image

Due to historical myths, the personal goals (vis-a-vis a love object, beauty) that the Black female sets for herself may be quite unrealistic, so that her self-esteem may suffer loss. She often enters treatment with a confused, usually negative self-image and little self-esteem. Counselors must understand the past and present history of the Black woman if they are to be sensitive to her needs. She will probably require sustained support as she struggles to develop a more complete, realistic, and diversified image of herself.

The Black female client strives for approval continuously. The need may be partially due to the fact that she has been forced to play the role of the "strong one" to whom attention and reassurance are not frequently offered. She must also be assimilated into a noncaring, insensitive, metropolitan community. Too often the citizens and organizations within the community offer no support to the addict trying to reenter society.

The counselor's objective in providing support, attention, and reassurance to the client is not to rob the client of her strength, nor is it to make her a more dependent, psychologically needy person. Rather, being allowed to be needy in treatment will help the client better understand the different sets of needs she has and will help her to learn how to meet those needs. At the same time, she will be able to maintain her strengths with greater ease because those strengths will be based on a healthier psyche, and not simply borne of necessity.

Alfred Pouissant, a Black psychiatrist, points out that since the Black self-concept problem cannot be solved through token integration, it is important that Blacks turn to the development of their own communities as an alternative approach for building their self-image and esteem. The white man cannot give Blacks "Black" consciousness; Black Americans must create it together.

The last decade has seen much progress in the development of Black pride in a uniquely Black style. Positive reinforcements are needed to reaffirm that Black women are beautiful, that they have dignity, and that they add a dimension of beauty to the society at large. Counselors and their Black clients must reexamine their own attitudes about Blackness, so that the clients can redefine their self-image and recognize their self-worth.

It is important for Black women to be respected and be given consideration. The counselor must help the client regain a sense of pride in her heritage and in her Blackness. The counselor must also help the Black woman understand the myths that have been perpetuated about her. As with most stereotypes, the myths about the Black woman's strength, resiliency, independence, and self-reliance are often partial truths. The client must be helped to recognize that these qualities are indeed strengths, that they are valuable tools for survival. Treatment staff can utilize them to help rebuild the client's self-image.

Relationships with Family and with Men

Staff should work with the client in dealing with family relationships. Dialogue is needed to help the client clarify her attitudes about Black men, and to help her understand her fears and the effect of society's role definitions on her relationships.

She needs to be made aware of the origins of sexual taboos and the impact of modern sexuality on cultural mores.

Education and Vocational Training

After treatment a dilemma for the Black female becomes, "Where do I go from here?" It is apparent that her ability to pursue another way of life upon leaving treatment has some realistic limitations.

There is a need for vocational training classes to motivate a Black woman to explore areas of particular interest to her. Pride and dignity result from being a contributor and from being successful. This means doing what she wants and likes to do and doing it well. The client should be treated in accordance with her own experience, ability, and education, and not pushed too hard or forced to accept a role such as that of "domestic."

To underestimate the Black woman's lot in our society would be a mistake when counseling her. She may not have the statistics at her disposal but she doesn't need to--she lives them. What she must begin to understand is that the existing state of affairs need not remain static. She must be made aware that being a woman, especially a Black woman, does not preclude her moving into more rewarding, lucrative occupations. With additional education and training, occupational options may expand. Clearly, many Black women addicts will need additional educational and vocational training. They should be encouraged to consider entering those occupations that have been traditionally dominated by men that pay better than traditionally female occupations. More and more women are receiving vocational training in these male-dominated occupations and are making significantly more money than before.

THE NEED FOR TRAINING OF TREATMENT STAFF

It has long been evident in the field that more effective training is needed for counselors of women. For the most part, training has failed to have any residual impact. In regard to the Black female in treatment, training has been utterly useless to the substance abuse worker. These failures may be attributed to a lack of awareness of the training needs of counselors, and also to the general and short-term nature of the training that was provided. This training may not have considered the differences in race, gender, geographic origin, or background of the client population. (Many substance abuse workers were "street-oriented" former addicts who were the touted possessors of all the answers needed in order to deal effectively with female substance abusers.)

It is imperative that improved and more extensive training be made available for counselors working with Black females. The implementation of a training program that is sensitive to the areas previously stated will increase the skills of substance abuse workers and give them the ability to upgrade the quality of treatment services and to establish acceptable levels of program performance as it relates to female clients.

This type of training will assist in relieving the pervasive frustration and demoralization experienced by counselors who were expected to function at a much higher professional level when relating to the unique needs of the Black women, but were not provided with any additional skills with which to function.

Clearly, there is a need for staff training. The question is, how do you determine the content of the training program? Although we have touched upon many of the issues that should probably be included in a training program, a summary may be helpful.*

1. The Black woman in history
2. Impact of societal pressure on women in the addict subculture
3. Effect of male chauvinism on the upward mobility of women
4. Myth of the Black female as unable to hold positions of responsibility
5. Process of self-actualization for the Black woman
6. Development of self-esteem
7. Black female pride
8. Realization of beauty in Blackness
9. Appreciation of Black characteristics: kinky hair, wide nose, big lips.
10. Black vs white standards for fashion models
11. Impact of modern sexuality on cultural mores
12. Examination of sex without love and sex taboos for the unmarried
13. The myth of women as breeders
14. How Black women feel about Black men

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*Compiled from a three-day conference on the needs of Black women and from two meetings held at Central City Community Mental Health Facility and the Central City Bricks/Kick Drug Abuse Program.

15. Definition of role as helpmate
16. Family relationships
17. Mother and child relationships
18. Health and family planning
19. Re-socialization of Black female clients into the community
20. Values clarification for counselors
21. Analysis of work ethic and leisure time
22. Education and vocational training
23. Knowledge of the social graces, sewing, cooking

ALCOHOLISM AND THE LESBIAN COMMUNITY

Brenda Weathers

Recent studies have indicated that alcoholism is reaching pandemic proportions within the gay community, with an estimated 25 to 35 percent of that population directly affected (Fifield, 1975). Given such startling statistics on the extent of the problem and of the individual suffering involved, it is incumbent upon those in the field of alcoholism services to begin increasing their awareness of this community's problems and special needs with the goal of providing quality alcoholism services to members of this minority group.

This examination of issues will be confined to problems, issues and alternatives as they relate to the lesbian community. It is of critical and increasing importance to recognize the woman-identified community as separate from the "male homosexual" community and view it as one with its own identity, heritage, and lifestyles and special problems. It is not surprising that the communities continue to be categorized together under the label "homosexual," as volumes have been written about homosexual males, with lesbian women receiving little or no attention. Sociological/psychological researchers, then, have perpetuated the "single community" myth and misnomer, with the all too usual assumption of women's secondary importance. (Given the bias of much of this "research," the lack of attention to lesbians might also be viewed as a disguised blessing.)

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LESBIANS: MYTH AND REALITY

Before examining the problems at the core of the lesbian woman's alcohol abuse and her unique treatment needs, it is important to explore some of the many myths and stereotypes about lesbianism which continue to inhibit knowledge and awareness. A lesbian woman is as individual as a single member of any other population segment, for lesbian women are found in all socioeconomic strata, ethnic groups, religious and cultural backgrounds. She is a woman wearing overalls, driving a tractor in a farming commune, a stylishly dressed professional, a blue collar worker struggling to make ends meet, a college student, a welfare mother fighting for survival, the "girl" next door, masculine, feminine or androgynous in appearance an excon or a belly dancer. Whoever she is, she has probably found it unsafe to be herself in all but very limited environments and may have found alcohol a mighty balm for soothing the pain of loneliness, fear, and alienation. Thus, it is impossible to carve out a strict definitional niche for the lesbian woman: the only consistent characteristic is that lesbians are those women whose primary or highly meaningful emotional and sexual relationships are experienced with other women.

As mentioned earlier, there are numerous myths and misunderstandings which surround lesbianism, too numerous to be addressed in this brief work. There are, however, three major myth categories which should be examined: negative choice myths, sexuality/pornography myths, and child molestation myths.

Negative choice myths stem from the belief that lesbianism has been chosen as a lifestyle due to one or more negative factors associated with relationships to males. Either males were unavailable (e.g., to "homely" women, or because of the isolation of women's schools and jails, etc.) or feared-and-despised, whether due to misandry, in and of itself, or as the result of traumatic experiences with males. These theories are clearly rife with the male supremacy syndrome and male arrogance, containing more than a pinch of Freudian hangover. Studies currently underway are indicating that past traumas with males are no more prevalent among lesbians than among heterosexual women, and that crimes of violence against women - incest, rape, and beatings - are our common problem, not a determining factor in our emotional/sexual lifestyle preference. Statistics obtained in gay community groups throughout the country engaged in prison/parole programs show that lesbian relationships are often formed by heterosexual women while confined in prisons, although the great majority of these women revert to heterosexual behavior upon release. The "ugly duckling" myths are easily discounted by observing the wide range of physical characteristics exhibited by heterosexual women with male partners. Essentially, as Dr. C.A. Tripp points out in The Homosexual Matrix, to approach an understanding of lesbianism/homosexuality from the perspective of negative choice is self-defeating, since choices for emotional and sexual satisfaction are, by nature, positive choices (Tripp, 1975).

Another major misconception concerning lesbianism stems in large measure from the pornographic literature. This literature portrays lesbian women as highly erotic, engaging in bizarre acts of sado-maochistic behavior often culminating with heterosexual "salvation." It is interesting to note that, conservatively estimated, 95 percent of the pornographic literature is written by heterosexual males for the reading pleasure of heterosexual males. Through the ages, men have made it their perogative to define all women, usually in terms of their own fantasies and needs. The lesbian woman has been no exception. Another perspective on women-identified women in literature could be obtained by reading the works of Colette, Willa Cather, Elizabeth Bowen, Gertrude Stein, and more recently, Jane Rule, Rita Mae Brown and others.

The myth of the lesbian woman as child molestor also continues in our society, but a look at the statistics will again show that 90 percent of all child molestation is committed by heterosexual males. Interestingly, few negative sanctions or internal control mechanisms are exercised upon this population segment in their ongoing violent crimes against women and children. In fact, one might suspect that there is cultural support for the mistreatment of females.

In his paper, "Homosexuals May be Healthier Than Straights," Dr. Mark Freedman observes the following:

> My research on lesbians found them scoring higher than a control group on autonomy, spontaneity, orientation toward the present (as opposed to being obsessed with the past or anticipating the future), and sensitivity to one's own needs and feelings. A comparable experiment by June Hopkins in 1969 compared lesbians and matched controls on Raymond B. Cattell's 16 Personality Factor tests. Among the adjectives that characterized the lesbian group were: independent, resilient, bohemian, and self-sufficient. In 1972, Marvin Siegelman compared a non-clinical sample of lesbian and heterosexual subjects on similar personality inventories, and the lesbians scored higher than the controls on both goal direction and self-acceptance.

THE LESBIAN WOMAN AND ALCOHOL: A STATEMENT OF THE PROBLEM

Lesbian women drink for the same reason anyone else drinks - alcohol's there and it works! Why, then, the high alcoholism rate in this community? There appear to be three major factors at the core of the problem: 1) the community is an oppressed minority; 2) the lesbian bar is the traditional setting for social activities; and 3) alcoholism services agencies lack responsiveness to the lesbian alcoholic.

The Community as an Oppressed Minority

As is true of all minority groups that have been victims of ongoing and systematic discrimination, the dynamic of oppression manifests itself in that community as low self-esteem, alienation, despair, self-destructive behavior, and high rates of alcoholism and drug addiction. Many of these same characteristics, e.g., low self-esteem, a sense of inadequacy, loneliness are felt by informed alcoholism professionals to constitute the profile of an "alcoholic personality." When these feelings and behaviors are intensified by widespread and systematic societal oppression, alcoholism rates of the communities involved take on a new and more understandable perspective. As a result of this oppression, lesbian women often find themselves living compartmentalized, often fractured and sometimes less than full lives. As with anyone else under those circumstances, alcohol is found to relieve anxiety, soothe tensions, produce a sense of euphoria or well-being, and generally provide the temporary coping mechanism necessary for living in the oppressing society. The stages of addiction and progression of alcoholism are identical for the lesbian woman as for any other alcoholic, with alcohol in time becoming the problem rather than the solution. The critical point is that the adverse societal conditions which act on the lesbian community encourage a greater usage of alcohol as a coping mechanism and produce a higher alcoholism rate than in the heterosexual community.

The Tradition of the Lesbian Bar

> Lesbian women vary widely in their sense of connection with the lesbian community. Many women, for example, who come to identify themselves as lesbians describe themselves as having felt unique in the world, isolated from other women who they perceived to be like themselves. A woman then who comes to feel she is a lesbian encounters a real problem in finding others with whom she can identify and relate. (Ponse, 1976)

Bars for lesbians, then, have taken on the characteristics and significance of the community center, the coffee break, family gatherings, clubs, societies, and the church picnic. In a society which has openly oppressed the gay minority, which has condoned police harrassment, and which has fostered an atmosphere of secrecy, mistrust, and hatred, lesbian women usually are forced to socialize in very limited environments. Traditionally, these environments are bars, and lesbian women look to them as places for meeting friends, finding partners, relation with peers, and performing most other human social functions. Bars provide the atmosphere where "it is o.k. to be me" even if only for a few hours a week.

By nature, bars are alcohol-related environments, and consumption of alcohol and sociability become strongly interrelated in the lesbian woman's experience. The Gay Community Services Center study indicates that current gay bar users spend an average of 80 percent of their gay social activities time in bars and at parties where alcohol is served. The survey of these same bar users also showed that 63 percent of the sample go to bars alone in the hope of meeting friends, and that the typical bar user interviewed has spent an average of ten years going to gay bars. While the relationship between drinking and socializing is a common thread running throughout the American culture, the emphasis on this relationship is exacerbated in the lesbian subculture due to lack of alcohol-free alternatives and limited social options available to lesbians in the larger society.

AGENCY ATTITUDES TOWARD THE LESBIAN ALCOHOLIC

Responsibility for the effectiveness of an agency's services program rests, ultimately, with its staff and staff attitudes. Most of the alcoholism agencies staff questioned in the Gay Community Services Center's survey demonstrated judgmental and restrictive attitudes toward lesbians and continued to view lesbianism as a pathology. Their negative attitudes, even considering occasional attempts at disguise, seriously hinder the lesbian alcoholic's progress toward recovery. The following are examples of these attitudes as they affected the recovery of lesbian alcoholics:

> - I was only one week sober and new to the clinic. I needed lots of support and understanding; instead, I felt as though others were sneering at me behind my back, as if I were a leper. Eventually the rejection became too much, and I drank again--for five years.
>
> - I felt that my counselor wasn't concerned about my drinking problem, but he was really tripped out on my lesbianism.

> - I was so grateful to be admitted into recovery home treatment, as I knew my drinking was killing me and I wanted help. I was assigned to a room alone (although there were empty beds in other dorm rooms). Then, a few hours after admission, the house manager took me aside and said I was just lucky to be there at all--and that if I even looked like I might "cause trouble" I would be asked to leave immediately. I decided to leave the house that night, and it was several months later before I again had the courage to ask for help.

In general, there appear to be three major types of negative interaction which can characterize the lesbian alcoholic's experience with alcoholism agencies:

- Refusal of services if the women's lesbianism is known or suspected.
- Provision of services on a limited basis, or with negative attitudes which are not conducive to support, growth, self-disclosure, or sobriety.
- Provision of services directed toward isolating and "curing" lesbianism as the primary problem, with little or no attention directed to alcoholism.

Given these factors, the lesbian woman's chances for recovery in many alcoholism agencies may range from poor to non-existent.

In addition to examining staff attitudes as they relate to the lesbian alcoholic, it is critical to examine the lack of specifically designed outreach to this community. The lesbian community, with its increasingly high alcoholism rate, is a difficult community for outreach due to its often closed and secretive nature. According to one researcher:

> The stigma and negative imagery that accrues to lesbianism in the larger society has led to a separation of the lesbian and heterosexual worlds, under the protective cloak of secrecy. However, the protection that secrecy affords also has negative consequences in that it can render outreach to this community particularly problematic.
> (Ponse, 1976)

While this is generally true of the country as a whole, the advent

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of lesbian and women centers, plus a slowly decreasing stigmatization in many urban areas, have to some extent reduced the secrecy aspects of the lesbian community.

Treatment Needs of the Lesbian Alcoholic: Specialized Services and Evaluation of Effectiveness

During the early developmental stages of the Alcoholism Center for Women, Inc. attempts were made to isolate the unique treatment needs of the lesbian alcoholic, and then to design treatment services relevant to those needs. Inputs were obtained from observations made by the gay community service workers, recovered lesbian alcoholics, and concerned alcoholism professionals. Based on the experience, inputs, and observations of this group, the following major treatment needs were defined:

- The need for a safe and nonjudgmental environment in which to share honestly and receive support.
- The need for a peer support group, both during treatment and to facilitate community reentry.
- The need for full access to a wide range of services including alcoholism-focused groups and counseling, vocational development, social welfare, and recovery home services.
- The need for non-traditional support services to facilitate self-esteem, positive identity, and self-development. These include lesbian issues raps, C/R groups, and assertion training, and alcohol-free social alternatives.

Responses to all of the above services and environmental/attitudinal needs were built into the Alcoholism Center for Women, Inc.'s program, which was funded in October, 1974, by the National Institute on Alcohol Abuse and Alcoholism. The program provides a full range of services to all women who apply and makes a special outreach to and is concerned with the special problems of the lesbian alcoholic. All program services are provided for women by women, creating an immediacy of connection and safety for self-disclosure in a supportive, non-categorizing atmosphere.

Recent studies have demonstrated the importance of all-women treatment groups and women staff in positively affecting the percentage of women who complete treatment programs (Schultz, 1974). In accordance with a philosophy of peer orientation, the all-women staff of the Alcoholism Center for Women, Inc. is approximately two-thirds lesbian to one-third non-lesbian, with the participant population reflecting approximately the same ratio.

After nearly two years of services delivery, some data has been obtained on the effectiveness of Center program services. Of the women who completed intake, only 7 percent did not participate in a program of services and reported no change in their drinking patterns. Of the remaining 93 percent, dramatic intervention in drinking patterns was reported as follows:

Months of Sobriety Attained	
Fewer than 3	10 percent
3 - 5	19 percent
6 - 11	42 percent
More than 12	22 percent

Suggested Guidelines for Alcoholism Agencies in Providing Services for Lesbian Clients

- Recognize the Individuality of the Client

Each client in an agency must be viewed as an individual, with individualized stresses, sets of problems, and capabilities. As with representatives of any other population segment, no two lesbians are identical in history, problems, and needs. While this paper has focused on issues specific to lesbians, it cannot be overemphasized that individuality must always be recognized and honored.

- Provide a Full Range of Services

Each client must be assured full access to available services. Isolation and alienation are painful realities for lesbian women, and these feelings, if experienced in the treatment process, can only impare chances for recovery.

- Increase Staff Awareness and Sensitivity to the Lesbian Alcoholic

As has been noted earlier, the effectiveness of services rests largely with staff attitudes, and these attitudes also influence the "safety" of the environment. Staff attitudes concerning lesbian women can be greatly enhanced through an ongoing process of inservice training.

Most urban areas have organized lesbian, gay, and lesbian feminist organizations which are available to provide panels and speakers for staff training. Gay Student Unions at colleges and universities as well as Alcoholics Together (a national, gay A.A.), and the Metropolitan Community Churches are also valuable resources.

In addition to providing in-service training, these groups of individuals could make valuable input into developing program services, and they may also be highly effective as referral sources and in providing for community reentry and follow-up services.

- Implement Specialized Treatment Groups

The experience of the Alcoholism Center for Women, Inc. in services delivery, as well as data provided by other researchers (Schultz, 1974), indicate the importance of the connection and safety provided by the peer counseling group.

Where sufficient clients permit, a lesbian group can be a valuable asset in the lesbian woman's recovery experience. Where there are insufficient lesbian clients, an all-women's group or a gay group with women and men will also provide an effective peer group support and sharing system.

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PREVENTION OF ALCOHOL PROBLEMS IN WOMEN: CURRENT STATUS

Sharon C. Wilsnack, Ph.D.

Prevention in its broadest sense is reducing the incidence, prevalence, and destructiveness of an illness or other disorder in a population (Caplan 1964). The traditional public health model of prevention includes three levels at which problems can be prevented: primary prevention attempts to reduce the number of new cases, or incidence, of a disorder, that is, to prevent the disorder from developing in the first place; secondary prevention attempts to reduce the number of existing cases, or prevalence, of the disorder through early casefinding and early treatment; and tertiary prevention attempts to reduce the destructiveness and residual consequences of established cases of the disorder. Since tertiary prevention is essentially the treatment and rehabilitation of chronically ill or disordered individuals, the term prevention generally refers to primary and secondary prevention.

Very few prevention programs have been developed specifically for women. The present paper attempts to identify research gaps in our knowledge about women and prevention, and suggests some prevention strategies that may be effective in reducing alcohol-related problems in women.

WOMEN's ALCOHOL PROBLEMS

The first question that arises about preventing alcohol problems in women is: what problems are we trying to prevent? Some

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information on women's drinking problems is available from national population surveys conducted over the past 15 years (Cahalan et al 1969; Cahalan 1970). These surveys have measured the prevalence of problems of two major sorts: (1) various aspects of drinking behavior itself which indicate an actual or potential problem with alcohol (such as frequent intoxication or binge drinking); and (2) various problem consequences of drinking, including job problems, accidents, arrests, and problems with friends, neighbors, or relatives. In 1967 national sample (Cahalan 1970), men reported a higher incidence of all drinking problems measured, although a surprising 21 percent of women (43 percent of men) reported having had at least one drinking-related problem in the previous 3 years. The drinking problems reported most frequently by women were psychological dependence on alcohol, symptomatic drinking (behaviors suggestive of gamma alcoholism, such as morning drinking or loss of control), health problems, and belligerence after drinking. Subsequent surveys conducted in 1969 and 1973 (Cahalan and Room 1974; Cahalan and Roizen 1974) included only men, so recent information on drinking problems and their correlates is somewhat more limited for women than for men.

One question with regard to past drinking surveys is how much we can trust women's self-reports of their drinking-related problems. A curious finding from the 1967 national survey (Cahalan 1970) is that less than one-fourth of women rated as having "severe involvement with alcohol" reported drinking-related problems with spouses and relatives (often considered a typically "feminine" type of drinking problem; see Hoffman and Noem 1975), as contrasted with more than one-half of men with severe alcohol involvement. A similar finding reported by Donovan and Jessor (in press) is that heavy drinking adolescent girls in a national teenage sample reported fewer negative social consequences of their drinking than did heavy drinking boys. The reasons for these sex differences may be partly methodological, in that women may be more likely than men to deny problem consequences of drinking, particularly when questioned by men (Cahalan et al 1969) or authority figures (Rachal et al 1975).

ACTUAL PROBLEMS REVEALED?

A second question about previous surveys is whether they have adequately covered the full range of women's alcohol problems. Several of the drinking problems included in earlier surveys have been characteristically "masculine" problems (arrests, job problems, financial difficulties), or at least problems for which women in traditional female roles are not generally "eligible." In addition, certain aspects of drinking problems that may be particularly important for women have sometimes been overlooked.

For example, measures of job problems have not included questions about the effects of drinking on housewives' ability to perform their domestic responsibilities, and measures of problems with spouse and relatives have apparently not included specific questions about drinking-related problems with children. Finally, women may experience drinking-related problems not addressed at all in previous surveys. The fetal alcohol syndrome had been largely overlooked until very recently, as had problems related to alcohol/drug interactions and the effects of maternal alcohol abuse on children's psychological and social development. Women may also experience some alcohol problems as the result of others' drinking rather than their own, for example, rape or other physical abuse. In short, women appear to experience a broader range of alcohol problems than previous surveys have been able to measure.

Although population surveys have included women from all major demographic subgroups (age, socioeconomic status, ethnicity, among others), the relatively small number of women problem drinkers in most surveys has made it difficult to examine possible differences in women's drinking problems across various subgroups. Clinical studies have paid even less attention to subgroups of women drinkers. Most clinical studies of alcoholic women have used predominantly white middle class samples (Schuckit and Morrissey 1976), and thus the picture of the "typical" alcoholic woman which emerges from these studies (late onset of drinking, rapid development of drinking problems, minimal visible social consequences of drinking) may not apply as well to women of other socioeconomic or ethnic backgrounds. Other characteristics likely to influence the types of alcohol problems women develop include age, marital status, employment status, family history of alcoholism and mental disorder, and sexual orientation (see Bromet and Moos 1976; Schuckit and Morrissey 1976). Various subgroups of women may develop different types of alcohol problems, with different developmental courses, requiring different prevention strategies. For example, different prevention strategies might be required for young women of lower socioeconomic status whose heavy drinking begins gradually in the absence of any particular environmental stress, as contrasted with older women of higher socioeconomic status whose drinking becomes heavy only after encountering a life crisis or unusual life stress.

In order to plan comprehensive prevention programs for women, then, we need to learn more about the nature of women's alcohol problems. In particular, we need studies which look at the distribution and correlates of various types of alcohol problems within different demographic subgroups, using measures which maximize valid self-reports across the full range of women's alcohol problems.

PREVENTION STRATEGIES

Since the repeal of Prohibition, most prevention efforts in this country have tried to reduce alcohol problems by persuading the individual drinker to change his or her behavior, typically through education or criminal sanctions. Recently, however, several writers have questioned the adequacy of prevention strategies aimed solely at the individual and have argued that these need to be supplemented with strategies which alter the environment in which drinking takes place. Gusfield (1976) terms these two approaches to prevention individualistic and situational strategies. Robin Room, in a series of provocative papers (1974; 1975; 1976; 1977), has argued for a redefinition of the target of prevention, from a narrow clinical focus on an entity termed "alcoholism" to a broader concern with a range of specific alcohol problems, in effect "disaggregating 'alcoholism'" into the specific kinds of problems which it encompasses. This "disaggregation" approach to prevention takes account of the fact that people experience many different types of alcohol problems--among them, health problems, job difficulties, interpersonal conflicts related to drinking, accidents and arrests--and that individuals with one type of problem do not necessarily experience others.

Thus, prevention efforts targeted to individuals with certain types of alcohol problems will not automatically reach persons with other types of alcohol problems, and programs designed to reduce one problem (for example, drinking-driving fatalities) may have little impact on other problems (cirrhosis of the liver or job absenteeism). Room distinguishes three possible goals of prevention: (1) altering individual drinking behavior and accompanying problematic behavior; (2) changing social reactions to drinking and accompanying behaviors; and (3) "insulating" drinking behavior from its potential negative consequences.

Within these broad approaches to prevention, a number of specific strategies have been proposed. Utilizing six categories of strategies identified by an international panel of prevention experts (Bruun et al 1975), I would like to suggest some areas of needed research for determining these strategies' effectiveness with women.

I. EDUCATION AND PERSUASION

Youth Education -- In the past few years, a number of innovative youth education programs have been proposed or undertaken, many of them supported by the Division of Prevention of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). These include school-based and out-of-school programs for elementary and secondary school youth (Hubbard 1978), as well as programs specially designed for college student populations (NIAAA 1976). In general, these programs have moved away from a narrow focus on alcohol alone to a broader view of drinking as one of many developmental issues and decisions facing young people. The programs have specified goals and target groups more clearly than previous efforts, have placed greater emphasis on developing community support and involvement, and have included stronger evaluation components (Blane 1976).

However, to my knowledge, few if any youth education programs have focused specifically on girls or taken into account possible sex differences in youthful drinking. For example, the finding that parents and peers may exert relatively greater influence on girls' drinking than boys' (Margulies et al. 1977; Rachal, et al 1975) or the possibility that some girls may use drinking to symbolize rejection of traditional female roles (Wilsnack and Wilsnack, in press) might form the basis of prevention messages with particular relevance to girls.

Public Education -- A recent review of mass communication efforts (Blane and Hewitt 1977) finds that only a few public alcohol education campaigns have included adequate evaluations and that the results of these evaluations indicate only modest success. Other writers (Cahalan 1975) have suggested that the limited success of mass education programs may be due to the lack of personal involvement and personal commitment demanded by these types of strategies. Evidence from other areas of health education suggests that mass media campaigns may be most effective when combined with intensive interpersonal communication. In a study of three California communities (Maccoby and Farquhar 1975) a media campaign coupled with intensive individual instruction was more successful than a media campaign alone in reducing high-risk behaviors (smoking and high cholesterol diet) among individuals at risk for coronary heart disease. Several similar projects are currently underway in the alcohol problems area, and their impact on both women and men should be carefully evaluated.

Although NIAAA and the National Council on Alcoholism have recently developed public service advertisements and printed material specially designed for women, many public education programs still have a "distinctively masculine orientation" (for example, radio spots featuring well-known sports personalities) and "tend to appeal to and feature white adult males" (Blane and Hewitt 1977). Such messages might be expected to be less effective in influencing women than men, although evaluative data on this point are lacking. As an aid in planning future public education campaigns, NIAAA might wish to support a study to determine the effects on women of viewing media presentations with male versus female identification figures.

Media Portrayal of Alcohol

The distilled spirits industry has targeted women as one of five high priority submarkets (Gavin-Jobson Associates 1975), and advertising geared to women has increased noticeably in recent years. For example, Blane and Hewitt (1977) note that liquor and wine advertising in Glamour magazine rose from 3 to 61 pages annually between 1970 and 1974. A similar increase in cigarette advertising aimed at women has occurred in recent years, much of it stressing smoking as a symbol of liberation ("You've come a long way, baby"). Smoking among women has increased during this period while subsiding somewhat in men (Horn 1977).

It is unclear whether advertising can actually "create" new markets, such as women, or whether it simply capitalizes on groups which would have become consumers in any case (Blane and Hewitt 1977). However, even if its causal role in increasing alcohol consumption is not clear, it appears that advertising can reinforce and maintain heavy drinking patterns (Gusfield 1976). If women on the average are more susceptible to certain types of social influence than men (Allen 1970), it may be particularly important to study the effects of advertising on women's drinking habits, its effects on women with different levels of consumption (abstainers, light or moderate drinkers, heavy drinkers), and the impact of various types of advertising messages (ads associating drinking with sophistication, liberation, sexuality) on various types of women (younger versus older, traditional versus nontraditional).

The Alcohol, Drug Abuse and Mental Health Administration's Women's Communications Project, a cooperative effort of NIAAA, the National Institute on Drug Abuse, and the National Institute of Mental Health, is currently summarizing research findings on alcohol, drug abuse, and mental health problems in women and is providing this information to television and film writers and producers. The goal is to reduce stereotypes and encourage more accurate media portrayals of women with alcohol, drug abuse, and mental health problems. The work of the Women's Communications Project should be carefully monitored. If the project succeeds in changing the portrayal of women's drinking and drinking problems in even a few television programs or movies, research could examine the effects of these changes on women's attitudes toward drinking and problem drinking in women, and on their own drinking behavior, and thus increase our understanding of media influences on women's use of alcohol.

WOMEN'S EDUCATIONAL PROGRAMS

Two NIAAA-funded nationwide public education programs aimed specifically at women are the Women's Program of the National Clearinghouse for Alcohol Information (NCALI), and the course developed by the National Center for Alcohol Education (NCAE) as part of its "Decisions and Drinking" series.

The NCALI project is aimed at education of individual women in all aspects of alcohol use and abuse; education of professional persons about women's needs; reduction of the social stigma of alcoholism among women; and encouragement of the establishment of programs and facilities in prevention, early intervention, treatment and research. Approaches have been through national media presentations, nationwide distribution of three brochures ("Alcohol Abuse and Women," "Alcohol Programs for Women," and "Alcohol and Your Unborn Baby"), and work with 500 women's centers -- organized for women in times of transition -- and work with professional organizations.

The NCAE course, titled "Reflections in a Glass," is designed for adult women who are not experiencing drinking problems. Its purpose is to provide information and learning experiences which will, first, allow women to examine the role of alcohol in their lives, and, then, make conscious personal decisions about drinking which reflect respect for themselves and others. Course content includes basic factual information about alcohol; alcohol's role in American history and women's history; motivations for drinking, high-risk groups, and times of special vulnerability; and issues related to drinking and driving, drinking and entertaining, and drinking and other drug use. Special attention is given to the sexual double standard on alcohol use and the conflicting cultural messages women receive regarding alcohol. It would be useful for planning future educational programs to evaluate the relative impact of these and other courses' specialized "women's content" as compared with more generic alcohol content.

II. CRIMINAL SANCTIONS

A second prevention strategy has been to pass laws against undesirable drinking behavior, particularly public drunkenness and driving while intoxicated (DWI), with criminal penalties for violators. In general, however, this approach has not been highly effective in reducing public intoxication or drinking-driving casualties (Gusfield 1976; Zador 1976). The usefulness of DWI arrests as a form of early intervention for women might be increased, if law enforcement and judicial officials were to enforce drinking-related laws equally for men and women, contrary to the current over-protection of women,offenders (Argeriou and Paulino 1976). However, in view of the rather modest success of criminal sanctions in general, eliminating the sexual double standard in law enforcement would not seem to be a top priority strategy for reducing alcohol problems in women.

III. TREATMENT PROGRAMS

Treatment and rehabilitation programs are means of reducing alcohol problems, but they will not be discussed here. I would, however, like to raise one issue related to early identification and early intervention (secondary prevention): the phenomenon of "hidden alcoholism" in women. Although many women (and men) undoubtedly deny the extent of their drinking, and although women not employed outside the home have particular opportunities to engage in private drinking, it seems unlikely that many women with alcohol problems are truly "hidden." At least a few people -- friends, family, physicians, clergy -- are generally aware of the woman's problem, and in fact frequently help to keep it hidden (Rubington 1973). The challenge is to discover who these significant others are (for what types of women with what types of alcohol problems) and what types of intervention strategies will help them to stop "hiding" the problem.

I am presently evaluating a "Neighborhood Counseling Program" designed to increase, through training in communications skills and referral resources, the helping skills of women who serve as natural caregivers in the community. Other groups in strategic locations for helping the "hidden" alcoholic woman may be men (as husbands, friends, coworkers), other women (as friends, relatives, coworkers), employers, and various community "gatekeepers" (physicians, clergy, beauticians, school counselors, among others). Carefully evaluated approaches for reaching these groups may pay off in terms of more effective early intervention with women problem drinkers, as well as a greater understanding of the role of various significant others in producing, maintaining, and preventing women's alcohol problems.

IV. AVAILABILITY OF ALCOHOL

Prevention strategies outlined in the preceding three groups attempt to directly alter an individual's desire or predisposition to drink -- through education, criminal sanctions, or rehabilitation. Strategies in the fourth through sixth groups, in contrast, focus on important features of the drinker's environment: the availability of alcohol, settings for drinking, and social responses to drinking. Strategies surrounding availability grow out of research conducted in France and Canada which indicates a relationship between overall levels of alcohol consumption in a population, rates of heavy drinking, and the prevalence of serious health consequences such as cirrhosis of the liver (Bruun et al 1975; Popham et al 1971). These studies have formed the basis of the "distribution of consumption" model of prevention (Parker and Harman 1978; Schmidt and Popham 1978); which argues that alcohol problems can be reduced by reducing per capita alochol consumption through legal and social controls, such as taxation and price controls.

With few exceptions, studies on which the distribution of consumption model is based have ignored or minimized differences in alcohol consumption patterns across various population subgroups (for example, men versus women). The general assumption seems to be that reducing or stabilizing consumption in a population will have a beneficial effect on the entire population. Little attention is given to the possibility that this effect may not be equally beneficial for all subgroups. With regard to women, some data (Skog 1977) suggest that, because of the smaller proportion of women who are heavy drinkers, stabilizing or reducing per capita alcohol consumption may have less of an effect on heavy drinking among women than among men.

Possible sex differences in the impact of strategies to control the availability of alcohol do not negate the potential usefulness of such strategies as part of a comprehensive prevention approach. However, further research attention to such sex differences would seem important in predicting the likely long term effect on women of instituting large-scale control measures, and in evaluating the cost-effectiveness of such strategies in reducing women's alcohol problems.

V. DRINKING SETTINGS

Drinking contexts and their effects on drinking behavior have received increased attention in the recent research literature (Harford 1977; Kotarba 1977). An analysis of survey data gathered over the past 15 years (Clark 1977) indicates consistently strong relationships between drinking settings (homes, friends' homes, bars and restaurants) and drinking behavior, although the direction of causality is often unclear.

One important feature of women's drinking contexts is the drinking behavior of their significant others. Previous research indicates that alcoholic women are more likely than non-alcoholic women to have an alcoholic parent, particularly an alcoholic father (Winokur and Clayton 1968) and to be married to a heavy drinking or alcoholic husband (Kinsey 1966; Lisansky 1957).

Modelling influences, availability of alcohol, social pressure to drink, and interpersonal stress (often including physical and emotional abuse) can combine to increase the likelihood of a woman's developing alcohol problems under these circumstances, or to increase her inability to overcome alcohol problems which have already developed. One implication for prevention is obvious: any intervention which can reduce alcohol problems in men may help to prevent similar problems in their daughters and wives. The reverse may also be true. Further research is needed on the effects of significant others' heavy drinking on women's drinking problems, and on ways of aiding women to either escape or insulate themselves from these effects.

As one way of creating more favorable environments for women, several writers (Sandmaier 1976) have proposed that women's support groups of consciousness-raising groups may have a role in preventing alcohol problems in women. In addition to providing a more supportive environment than many women normally experience, women's groups are seen as potentially being able to alter some of the conditions believed to contribute to alcohol abuse in women (low self-esteem, lack of self-actualization due to sex role constraints). Although consciousness-raising groups are being used in a number of alcoholism treatment programs (Hamilton 1977; Sandmaier 1977) and in several prevention programs around the country (Sandmaier 1976), little information is available on their effectiveness. Controlled studies are needed to test the effects of such groups on women's self-concepts, sex role flexibility, and self-actualization, and their long term effects on the development of alcohol problems.

It is possible that increasingly permissive attitudes toward women's drinking, together with other changes in women's roles, may produce a shift in women's drinking context from the home or other private settings (Clark 1977) toward more public settings, such as individual or group drinking in taverns and bars. The effects of such a shift, if it occurs, are far from clear, but might include some increase in visible social consequences of women's drinking, such as accidents or arrests. Continued research on the role of drinking contexts in producing and maintaining alcohol problems is important for both men and women, and should include attention to possible changes in the social contexts of women's drinking.

One feature of women's social environment believed by some to contribute to women's alcohol problems is societal demands for traditional sex role behavior (Wilsnack 1976). If some women drink partly as the result of stress related to narrow and confining sex roles, then the women's movement and accompanying changes in sex roles may help to reduce women's alcohol problems. However, while a reduction in alcohol problems due to women's greater opportunities for choice and self-actualization is one possible outcome, the women's movement might have other effects as well, for example, increased drinking due to more permissive norms and increased drinking opportunities, or increased drinking problems due to greater occupational stress and the demands of multiple roles. The "natural experiment" presently occurring with regard to women's roles and lifestyles offers a chance to learn more about the effects of sex role expectations and sex role performance on women's drinking and drinking problems. Cross-sectional and longitudinal studies during this period of social change should help to clarify what, if any, effect the weakening of sex role constraints and the adoption of new social roles will have in preventing or reducing women's alcohol problems.

VI. SOCIAL RESPONSES

Any prevention strategy designed to influence prevailing social norms about drinking must take into account the cultural "mixed messages" women receive about alcohol. On the one hand, drinking and drunkenness have traditionally been negatively sanctioned for women, perhaps because they seem to threaten the successful performance of traditional wife-mother roles (Knupfer 1964); on the other hand, for many women, drinking may have positive connotations of sophistication, maturity, independence, and freedom from traditional sex role constraints (Curlee 1967). These conflicting messages may produce the type of ambivalence about alcohol which many authorities believe contributes to alcohol problems (Wilkinson 1970). As a prerequisite to trying to alter existing drinking norms, we need to study (through surveys or analysis of media messages) the various cultural messages women receive about alcohol, the degree to which the messages conflict, and the effects of conflicting messages on women's drinking and drinking problems.

Although most writers on women and alcohol stress that the social stigma of alcohol problems is greater for women than men, several recent studies question this assumption. In a study of college undergraduates and a smaller nonstudent adult sample, Stafford and Petway (1977) found no differences between evaluative semantic differential ratings of "an alcoholic woman" and "an alcoholic man," nor between evaluative ratings of "a drunk woman" and "a drunk man." Cahalan (1970) found that women problem drinkers reported fewer problems with spouses and relatives than did men problem drinkers, and Donovan and Jessor (in press) found that heavy drinking adolescent girls reported fewer negative social consequences than equally heavy drinking adolescent boys. These findings suggest a need for more data on the actual social responses to women with various types of alcohol problems, and the effects of these responses. These data could come from population surveys as well as from small scale studies of problem drinking women and their significant others. If this research should find a general cultural tendency to deny alcohol problems in women and to protect women who experience them, prevention programs might be designed to "sensitize" rather than "desensitize" the public to women's drinking problems and to encourage early and caring confrontation of women with alcohol problems.

PROGRAM EVALUATION

This paper has identified a number of research gaps which might be addressed by small scale prevention demonstration projects such as those currently funded by the NIAAA Division of Prevention. To be useful, such projects must be stringently evaluated to determine their impact on women's alcohol problems. However, evaluating prevention programs presents some special difficulties. Difficulties include determining the criteria of success for prevention activities, finding adequate control or comparison groups, and assessing long term effects which may not be realized within the time frame of the actual prevention project.

In view of the many challenges facing evaluators of prevention programs, NIAAA might wish to support methodologically oriented evaluation research designed to test new concepts and new techniques for the evaluation of prevention programs, such as the recent study by an NIAAA grantee which related changes in various components of attitudes toward alcohol to changes in adolescent drinking behavior (Biron et al 1977). In addition, manuals might be developed and distributed which describe relatively strong evaluation designs and discuss common methodological problems in evaluating prvention programs. NIAAA might also consider the long term funding of at least a few high-potential prevention demonstration projects so that better data could be obtained on relationships between shorter term changes in knowledge, attitudes, and drinking behavior and longer term changes in drinking and drinking problems.

RECOMMENDATIONS

This paper has suggested a number of research needs. The following would seem to have the highest priority, based on the amount of prevention-relevant information they would yield and the importance of their results as a prerequisite to future prevention programming.

- Surveys should be conducted of normal and problem drinking among women in the general population, using measures and procedures which are sensitive to the special characteristics of women's drinking, and employing samples which are large enough to allow analysis of differences in drinking and drinking problems across various subgroups of women. Such surveys should be longitudinal in order to allow analysis of changes in women's drinking and drinking problems over time, particularly as these relate to changes in women's roles and lifestyles.

- Research should be conducted examining the strength of various social and cultural influences on women's drinking, including social norms regarding women's drinking, alcoholic beverage advertising and media portrayal of alcohol, social contexts of drinking, and the role of significant others in producing, maintaining, and preventing women's alcohol problems. Data could be gathered through population surveys, communications research including content analysis, observational studies of drinking contexts, and interview or observational studies of problem-drinking women and their significant others.

- Carefully evaluated demonstration projects should be initiated, that test innovative prevention programs for high-risk groups of women, such as providing education and support, or finding ways of strengthening natural support systems, for women experiencing life crises or transitions such as divorce or widowhood.

- Other demonstration projects should be funded, that test innovative strategies for reducing specific alcohol problems in women, among them, drinking-driving casualties, heavy drinking in pregnancy, and drinking-related interpersonal or family problems.

- Evaluation of existing prevention programs should be improved through (1) methodological research to improve existing techniques for evaluation prevention programs, and (2) dissemination of prevention evaluation techniques to programs throughout the country. Present and future recipients of NIAAA prevention grants should be encouraged to give some attention to possible sex differences in prevention programming needs, and to report any sex differences in the effectiveness of prevention activities.

In summary, it should be emphasized that the focus of this paper on some special issues in the prevention of alcohol problems in women should not obscure the importance of general prevention research which will affect both women and men. Quality research and action projects in all areas of prevention should be supported in an attempt to discover new strategies, or combinations of strategies, which can effectively reduce alcohol problems in women as well as men.

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Section III

Treatment Program Resources

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SAMPLE CLIENT ASSESSMENT PROCEDURE

GENESIS II TREATMENT CENTER

Assessment is basically a problem-finding activity which is crucial to understanding the problem, the options available to deal with the problem, the commitments of a mutually agreed upon plan of action (treatment plan) in which the roles and responsibilities of all concerned are clear. The treatment plan may take several sessions to develop, and parts of the interviewing process may take place with only individual program staff members and the client, with or without the family and others. Assessment represents the beginning of the treatment, it sets the task-centered nature of the treatment, and it recognizes that the client is part of a dynamic system and should be a partner in the treatment.

The assessment phase of treatment is where and when:

- The problem is heard.
- A determination is made of the need for services and what kinds of services.
- An assessment of action options is made.
- Goals are established in conjunction with the client, the family, and perhaps the community support system.
- Commitment to specific actions is made by everyone.

Questions that should be explored during assessment are:

- What does the patient value in life?
- Is she relating meaningfully (even if negatively at the moment) to the family? To friends?
- What role does she play in the family? On the job? In a peer group?
- How do these systems respond to her needs?
- What can be changed?

- How extensive is her denial system?
- How much insight does she have into the nature of her own problem and problems of women generally?
- How much does she appear willing to modify her demands?
- How strong are affectional ties and links? (Negataive is as important as positive.)

This approach has been tested in both community mental health settings and in social service settings, where it is called "task-centered counseling" or decision counseling. It is based upon reality therapy and is found to work well.

The assessment procedure utilizes client interviews, an optional biographical profile completed by the client,[1] written inventories, and separate and group interviews with significant others.

Through the structured interview, the therapist assesses the client's disease state, psychological condition, and life situation. The therapist's professional judgment is relied upon in making the initial assessment, but the following inventories[2] may also be used as indicated by individual problems:

- Alcohol Use Inventory
- Beck Depression Inventory
- Profile of Mood States
- Wolpe-Lazarus Assertiveness Scale
- Broverman Sex Role Questionnaire

After the initial interview(s) with the client, the therapist meets with the family or significant others, if and when such interviews can be arranged. All involved persons are interviewed separately and then in a group. Provided the client consents, she also meets with the significant others and the therapist. In these group and individual meetings, the therapist, the significant others, and the client explore various perceptions of the problem and the dynamics that may be contributory factors. The significant others also learn about the disease and its effects on a person, and receive support in dealing with individual problems occasioned for them by the client's drinking.

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[1] Sample form is on page 255.
[2] See pages 251-253

On completion of the assessment, the therapist formulates treatment recommendations. Important variables on which this decision are based include:

- Family history
- Developmental history
- Education
- Employment history
- Maritial status
- Social/economic status
- Medical history
- Drinking history
- Social relationships
- Religious activities
- Psychological/psychiatric problems
- Personality traits
- Self-perception
- Drinking-related personal problems
- Drinking-related medical problems
- Drinking-related job problems
- Motivation for seeking treatment
- Insights about individual drinking problems
- Previous history of treatment/recovery attempts
- Understanding of women's issues/needs
- Relative dependence/independence as a woman
- Sex-role perceptions/conflicts

A simple form (see page 249)is used to record the goals, the deadline, the method, and the allocation of responsibilities. Each party to the agreement should have a copy of the completed form. A separate form is filled out for each individual goal.

It should be noted that expectations and goals should be clear and specific so that everyone involved--client, staff, and significant others--knows what is going to occur, how the client and others are going to get there, and who is responsible for what. This means that the team or the team members working out the contract with the client and her family must be sure to:

1. INVOLVE THE CLIENT. The client must participate in choosing the goals. Only goals that the client accepts as meaningful will be worked on.

2. **SET REASONABLE GOALS.** The goals must be achievable, or have a reasonable chance of being achieved, given the client's present level of functioning and the resources available.

3. **DESCRIBE THE CLIENT'S BEHAVIOR WHEN THE GOAL IS REACHED.** Describe what the client will be doing or how she will be acting when the goals are achieved. Anyone, including the client, should be able to read the objective and agree on what it means.

4. **SET A DEADLINE.** Choose a date by which the goals should be achieved. The date can be changed, but always be sure that there is a dealine to be worked toward.

5. **SPELL OUT THE METHOD.** Describe who will do what in working toward the goal. Be clear and specific so that a new person could read the treatment plan and know what to do.

The therapist then meets with the client to discuss the treatment recommendations and the short-term and long-term goals. For most female clients, we strongly recommend initial treatment in the all-women's group, with progression to coed treatment settings as health is restored. However, for those with special problems or deep personal antagonism to an all-women's program, the coed treatment option is available. Those who enter the coed program may, if they desire, enter the women's treatment program later. In addition to these two treatment settings, we offer either residential treatment or day hospital service depending on whether the woman is able to leave home and responsibilities for a month-long residential program.

An integral part of our assessment is an indepth investigation of the physical and mental health status of the family members, and recommendation of treatment regimens for them. Older children and adult family members (or significant others) are treated through individual counseling and in Wednesday-night therapy groups for families. For younger children (under age 12), we recommend treatment in a mother/child group.

Name: ______________________________ Date: ______________

Recommended Therapist:

Present Behavior:

Initial Goals: Method:

The client will:	Staff/family responsibilities: Date Due:

Long term goal:

SAMPLE CLIENT BIOGRAPHICAL PROFILE[1]

> *A form of this type may be used to facilitate the counselor-client assessment interview. Completed before the interview, it helps the client focus her thinking and helps the counselor direct the interview toward significant areas. Questions answered on this form should not be repeated in the interview, but additional information may be sought, as many important areas are not covered.*

The information that you share with us here will help us to get to know and serve you better and will be kept in the strictest professional confidence.

Genesis II Treatment Center

Mr./Ms. ______________________________ **Date** ____________

Address ____

Phone ______ / ______ **Birth date** ______ **Age** ___ **Place of birth** ________
(Home) (Office)

Marital Status __________ **Occupation** ____________________

Ethnic background (Irish, English, French, etc.) ______________

Religious background ________________________

What brought you here? ________________________

What do you expect from this place? ________________________

____

When and how did your difficulties begin? ____________________

____

How do your difficulties affect you emotionally and/or physically? ______

____

How do they affect others? ____________________________

____

Did you once have problems that have been solved? How did you solve them?

____

What earlier problems are still with you? ____________________

____

____

---

[1] **To be filled in by client and placed in client record**

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How could life have been different? ______________________________

____

Interests

What are your hobbies and leisure activities? ______________________

____

What books and/or magazines have you read in the past 6 months? ________

____

What television shows and/or movies have you seen recently? __________

____

What social and/or professional organizations and clubs have you joined?
Include past and present and circle those presently active: __________

____

What is your idea of a "good time"? ______________________________

What are your plans for the future? ______________________________

____

Drinking Behavior

What are your alcoholic beverage preferences? ______________________

When were you first concerned about your drinking? _________________

Why? ____

How old were you when:

- you had your first drink? ______________________________
- you first lost control of drinking? ______________________
- you had your first blackout? ___________________________
- your blackouts began to increase? ______________________
- you first drank on "the morning after"? _________________
- you tried first to change your drinking pattern? (i.e., rules, pledges, etc.) ______________________________

Do you usually drink alone or with others? ______________________

What effect does your drinking have on your job and/or your social life?

____

Do your attitudes change when you drink? ______________________

Have your family activities changed because of your drinking? __________

If so, in what way(s)? ______________________________

Has your sexual life changed because of your drinking? How? __________

____

Have you ever been on a drinking binge? ______________________

Have you ever used substitutes for alcoholic beverages, such as mouthwash, hair tonic, etc. ______________________________

Have you ever used barbiturates, tranquilizers, sleeping pills, etc.?

____

Have you ever had the shakes, convulsions, hallucinations, DT's? ________

Have you needed to continue drinking so you wouldn't have the shakes or other uncomfortable symptoms? ______________________

Does it take more or less alcohol to get relief than it used to 5 years ago? ______________________________

When did you have your last drink? ______________________

How many times have you been "on the wagon" in the last 2 years? ________

What is your longest period of sobriety in:

a. the past 2 years? ____________

b. the past 5 years? ____________

Have you had any treatment for emotional or mental problems before? ______

Where? When? What kind of treatment? ______________________

____

Have you had any treatment for problem drinking or drug problems before? ______

Where? When? What kind of treatment? ______________________________________

____

Have you ever been arrested? ________ When and why? ______________________

Have you ever joined AA? ____

How many meetings have you attended? ___________________________________

Feelings About Drinking

	YES	NO	
1.	___	___	Have you changed your drinking place or friends in the last few years?
2.	___	___	Is there more drinking now?
3.	___	___	Do you drink because you have problems?
4.	___	___	Do you get vexed when your spouse or friend tells you you are drinking too much?
5.	___	___	Do you ever forget something you did when drinking?
6.	___	___	Do you ever do anything when drinking that you are ashamed of later?
7.	___	___	Do you ever go "on the wagon" or stick to beer so you won't get too drunk?
8.	___	___	Do you feel you can hold your drinks better than your friends?
9.	___	___	Do you look forward to times when you can drink?
10.	___	___	Do you stay away from people who don't drink?
11.	___	___	Do you avoid any talk about the disease of alcoholism?
12.	___	___	Do you tell yourself that others drink more than you or that drinking has never caused you any trouble?
13.	___	___	Do you ever drink more than you planned to or get drunk when you didn't want to?

OUTREACH AND PREVENTION MATERIALS

Alcohol Abuse and Women: Project Ideas for Voluntary Organizations. The Women's Program, National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland 20852. 40 pp.

> This handbook is designed to assist voluntary organizations in developing programs and activities for women in the area of alcohol abuse prevention.

A *Reader's Digest* Reprint. Reprint Editor, *Reader's Digest*, Pleasantville, New York 10570 (Prices postpaid to above address: 10 - $1; 50 - $2.50; 100 - $4; 500 - $15; 1,000 - $25.)

> "The Special Problems of Women Alcoholics" by James H. Winchester appeared in the March 1978 issue of *Reader's Digest*. It presents a brief and readable overview of the problems of alcoholic women and their special needs.

Motivational Media, 8271 Melrose Avenue, Los Angeles, California 90046.
(213) 653-7291.

> "Alcohol and the Working Woman" (16mm, color, 24 minutes; purchase $345; five-day rental, $50; three-day preview with intent to purchase, $25) is a new film for supervisory training. It provides an authoritative source of information equally valuable to both lay persons and professionals in the field of alcoholism and serves as a trigger for discussion about planning prevention and referral services for women in the work place.

> "She Has a Choice" (16 mm, color, 17 minutes; purchase $335; five-day rental, $50; three-day preview with intent to purchase, $25) deals with the myths and realities which differentiate the female from the male alcoholic. The negative stigmas applied against the female alcoholic are exposed for what they are. Women of different ages and backgrounds share their real-life experiences as we discover how positive confrontation and intervention helped them deal with alcoholism.

Nonurban Drug Abuse Programs: A Descriptive Study. U.S. Department of Health, Education, and Welfare; Public Health Services; Alcohol, Drug Abuse, and Mental Health Administration. January 1978. Available from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20502. Stock No. 017-024-00708-1.

> A study was initiated by the National Institute on Drug Abuse (NIDA) to provide a description of the structure and functioning of a sample of rural or nonurban programs and to describe some of the innovations developed within these programs to deal with the uniquely rural aspects of the drug problem they confronted. This report, based on that study, is intended to share the concerns and the initiatives of rural program planners, administrators, and staff with their colleagues.

Performance Resource Press, Inc., 155 W. Big Beaver Road, Suite 109, Troy, Michigan 48084

> Two sets of posters (12 per set), containing messages related to early identification and referral and providing space for addition of local program name, address, and telephone number are available.

Reflections in a Glass. National Center for Alcohol Education, 1601 North Kent Street, Arlington, Virginia 22209.

> One approach to primary prevention is education about alcohol and drinking as a way to help reduce the incidence of problems associated with alcohol use and abuse. Reflections in a Glass is a course for women without problems designed to provide accurate information about alcohol and its effects and to promote exploration of personal decisions and choices about the use of alcohol.
>
> The purpose of the course is to help women make conscious, personal decisions about drinking which will increase the likelihood that, in a drinking society, their drinking-related decisions and practices will be personally and humanly constructive.
>
> Reflections in a Glass is designed for adult women who meet in groups to consider issues of consequence to their daily lives. These women's groups may be located in urban, suburban, or rural areas. The course materials are deemed relevant for American women of all socioeconomic and ethnic backgrounds. Group discussions during the course are likely to be more interesting and productive if there is

age diversity within the group. The course package is designed to be delivered by a lay person or "occasional educator"--a member of the group. Therefore, agency staff would be able to spend their time on activities that need their particular attention.

The course covers the following topics:

- Physiological and psychological effects of alcohol on the human body.
- Factors to be considered in entertaining where drinking is planned, including how to handle an intoxicated person.
- Issues surrounding drinking and driving, including how to calculate blood alcohol concentration.
- Human needs and reasons for drinking.
- Categories of high-risk drinkers who should carefully explore their reasons for drinking.
- The dangers of mixing prescription and non-prescription drugs with alcohol.
- Alcohol-related practices and behavior in American society since the time of the Pilgrims.
- The role of mass media in perpetuating drinking myths and stereotypes.
- Women's history and the role of alcohol.
- The time of women's special vulnerability to developing problems associated with drinking.
- The double standard for men and women as applied to drinking.

Section IV

Staff Development Resources

STAFF RESOURCE BIBLIOGRAPHY

The following is a bibliography of materials that can provide treatment program staff with information about women's issues, sex-role stereotyping, and special populations of women. Some of these references may also suggest applicable treatment techniques for women, e.g., assertiveness training exercises and exercises around sex-role stereotyping. The entries are organized under the following headings: books, periodicals, articles and pamphlets, bibliographies, literature reviews, and conference proceedings.

BOOKS

Barnett, R.C., and Baruch, G.K. The Competent Woman: Perspectives on Development.

> This book, aimed at a wide audience including professionals who work with women, presents an overview of issues relevant to the development of competence in women. The seven chapters examine the nature of competence; the characteristics of successful women; the developmental influence of parents, family, and schools; and attitudes toward achievement and women. The book draws on interdisciplinary sources to trace the various aspects of competence and the obstacles that often confront women who strive to be competent. An extensive bibliography and index are included.

Carney, C.G., and McMahon, S.L., eds. Exploring Contemporary Male/Female Sex Roles: A Facilitator's Guide. La Jolla, California: University Associates, 1977.

> As stated in the introduction, "this book is a collection of activities and readings intended as a resource for facilitators working with any group of individuals who may wish to clarify their sex-role identities and/or who are struggling with other people's sex role expectations for them."

Dougherty, M.D. Becoming a Woman in Rural Black Culture. New York: Holt, Rinehart, Winston, 1978.

> This book is an outgrowth of a study of the meaning of pregnancy in unmarried black teenagers. Its insight into the values of a rural Florida community adds another dimension to understanding the variations among special populations of women.

Farmer, H.S., and Backer, T.E. *New Career Options for Women: A Counselor's Sourcebook*. New York: Human Sciences Press, 1977.

This book's purpose is to provide timely information for counselors to use in helping women make career plans and decisions. It includes up-to-date information on career opportunities for women, legal rights related to work, counseling techniques and strategies, and current research findings on women and work. The *Sourcebook* is especially rich in resources that the counselor can use, including films, organizations, counselor training materials, and names and addresses of local and regional resource centers.

Fasteau, M.F. *The Male Machine*. New York: McGraw-Hill, 1974.

The stereotypes regarding "proper" behavior for men and women are examined as they affect males from infancy to manhood.

Friday, N. *My Mother/Myself: the Daughter's Search for Identity*. New York: Dell Publishing Co., 1978.

The author examines the first and most crucial tie in every woman's life, and shows how, in all areas of a woman's life--on the job, with her family, and with her own daughters--the childhood patterns of the mother/daughter bond can be altered to produce a more vital, independent, and fully sexual woman.

Greenblatt, M., and Schuckit, M.A. (eds.). *Alcoholism Problems in Women and Children*. New York: Grune & Stratton, 1976.

Eight of the twelve chapters in this book are devoted to alcohol problems in women. As stated in the Preface, the goal of the book is "...that gathering together in one text an overview of drinking practices and problems in these target populations will enhance treatment and prevention efforts for those individuals, such that they will not suffer the same consequences from the abuse of alcohol as has occurred in male populations over the years."

Various chapters on women address clinical, social, and physiological perspectives; lesbianism; treatment; and consumption trends. Two chapters in the section on children are of particular interest to those involved in women's treatment: "Parental Influences on Drinking Patterns of their Children" and "Maternal Alcoholism and the Outcome of Pregnancy." Both sections are well referenced and indexed.

Hansen, L.S., and Rapoza, R.S. (eds.) Career Development and Counseling of Women. Springfield, Illinois: Charles C. Thomas Publishers, 1978.

This book of readings for both practitioners and theoreticians is a blend of research results, ideas, and practical experience relating to important variables in female career development.

I. Patterns of Female Career Development
II. Female Aspirations, Motivation, and Career Decision Making
III. Occupational Sozialization and Sex-Role Stereotyping
IV. The Meaning of Work in Women's Lives: Myths, Trends, and Realities
V. Negotiating and Planning for Multiple Roles
VI. Managing Emerging Life Patterns
VII. Facilitating Women's Career Development
VIII. Assessment of Female Career Interests
IX. Cross-Cultural Perspectives on Female Career Development
X. Special Resources

Hennig, M., and Jardim, A. The Managerial Woman, Garden City, New York: Anchor Press/Doubleday, 1978.

Only 2.3 percent of Americans earning over $25,000 a year as officials, managers, or proprietors are women. In an informative sociological study, two management consultants analyzed the personal and developmental factors that women who have achieved prominence in their respective fields appear to have in common.

Homiller, J.D. Women and Alcohol: A Guide for State and Local Decision Makers, Washington, D.C.: The Council of State Authorities Alcohol and Drug Problems Association of North America, 1977.

This manual was written to consolidate existing knowledge about women and alcoholism and to suggest its implications for programmatic development at the state and local levels. The manual focuses around the areas of research overview, problem definition, data collection and utilization, provision of treatment services, outreach strategies, prevention and education strategies, training needs, and recommendations for future directions in treatment, research, and advocacy concerning alcoholic women.

Howard, D., and Howard, N. *A Family Approach to Problem Drinking*. Columbia, Missouri: Family Training Center, 1976.

This book contains the curriculum for a four-week program on family counseling. It combines theoretical and experiential presentations in alcoholism, counseling, family systems, and group process. Activities involve the participants in the learning process, giving them an opportunity to exchange and practice ideas and skills through discussion, exercises, role playing, and group dynamics.

Janeway, E. *Man's World, Woman's Place: A Study in Social Mythology*. New York: Dell Publishing Co., Inc., 1971.

Family, religion, education, subordination of one group by another, witches, and history are among the many aspects of human society Janeway examines in her attempt to identify the facts and the myths that contribute to the differing male and female roles and the beliefs about those roles that exist today. The twenty chapters are short and readable. Chapter references and an index are included.

Kanter, R.M. *Men and Women of the Corporation*. New York: Basic Books, Inc., Publishers, 1977.

Using one large corporation, the author examines the influence of the structure of an organization on the people who work there in two roles: managerial and clerical positions. After describing and analyzing the dilemmas, choices, and images inherent in each role; and how numbers, power, and opportunity affect behavior; the author proposes some changes in organizational structure that might make work more productive, less stressful, and more individually rewarding. The book also contains two appendices, chapter notes, bibliography, and index. Appendix I describes the methodology of the study and the corporation on which the book is based. Appendix II is titled "Some Observations of Women's Leadership in Organizations."

Leland, J. *Firewater Myths: North American Indian Drinking and Alcohol Addiction*. New Brunswick, New Jersey: Rutgers Center of Alcohol Studies. Monograph No. 11. 1979.

An anthropologist at the Desert Research Institute at the University of Nevada, the author explores what is known and thought about North American Indian drinking patterns and compares their drinking behavior with the Jellinek symptoms. New directions for research, prevention, and treatment are suggested.

Mander, A.V. and Rush, A.K. Feminism as Therapy. New York: Random House, Inc. and Berkeley: The Bookworks, 1974.

The authors write alternating chapters about their personal views, philosophies, and experiences of being women in contemporary society and ways they have learned to work with other women toward overcoming sexual barriers to self-actualization. The last chapter provides exercises to help integrate mind and body, thoughts and feelings on topics such as sex roles and self-image, trust, anger, and play.

Miller, J.B. Toward A New Psychology of Women. Boston: Beacon Press, 1976.

A psychiatrist's view of the social and psychological forces that shape women, the responses women make to these forces, and how these responses affect them and their relationships. The book also explores the strengths that women have developed and how these strengths can be used in the struggle for a more constructive and beneficial life for both men and women.

Nellis, M.; Potope, P.; Hager, M.; and Harkins, C. Final Report on Drugs, Alcohol and Women's Health: An Alliance of Regional Coalitions. Prepared by the National Research and Communications Associates, Inc., Washington, D.C., under Contract No. 271-77-1208 for the National Institute on Drug Abuse, DHEW, 1978.

This report contains the findings and recommendations of a nationwide survey on the status of women's treatment and special needs and includes recommended changes and suggested remedies. Copies may be obtained free of charge from National Research and Communications Associates, Inc., 1819 H Street, N.W., Suite 640, Washington, D.C. 20006. (212)362-6700.

Notman, M.T., and Nadelson, C.C. (Eds.). The Woman Patient: Medical and Psychological Interfaces. New York and London: Plenum Press. 1978. Vol. 1: Sexual and Reproductive Aspects of Women's Health Care.

This book will provide the counselor with basic facts relating to sexual and reproductive health in women. The chapters are written by medical experts but are understandable by lay readers. Alcoholism counselors who read this book will be better prepared to offer guidance to clients who have problems or concerns in these areas. The 15 chapters address such topics as pregnancy, infertility, contraception, abortion, gynecologic and breast disorders, sexual functioning, and menopause. Authors of various chapters stress the importance of factual information and support in helping women to be better consumers of health care services.

O'Leary, V. Toward Understanding Women. Monterey, California: Brooks/Cole Publishing Company, 1977.

The author has drawn together in a readable textbook format a wealth of basic, authoritative information on the physical, psychological, and social development of women in contemporary American society. The first chapter presents the factors contributing to sex determination in conception and embryonic development. Subsequent chapters deal with theories of sex-role development, psychological differences between females and males, female achievement, stereotypes and conceptions of the female, black women, female sexuality, and women's roles across the life span. Each chapter is abundantly referenced and ends with a summary of content highlights. A reading of the book will provide an excellent grounding in knowledge of female development.

Phelps, D., and Austin, N. The Assertive Woman. San Luis Obispo, California: Impact, 1975.

This assertiveness training book features situations and examples of particular relevance to women. Areas of focus are body image; consciousness; attitudes and behaviors; the idea of personal power; handling compliments, criticism, and rejection; saying no; manipulation and counter manipulation; sensuality; anger; humor; children; interactions among women; and areas for change in public life. There are examples and exercises for individual and group work throughout, which may be reproduced for use in groups or workshops provided they are not sold commercially.

Sargent, A.G. Beyond Sex Roles. St. Paul, Minnesota: West Publishing Co., 1977.

This resource book provides material that can be used in both staff development and client treatment. Part I comprises 58 exercises with a range of concerns, including evaluating the influences of sex-role stereotyping on personal and professional life as well as group-building and personal and sensory awareness exercises. Part II comprises readings from a variety of contributors focused around awareness of sex-role stereotypes and personal and social change.

PERIODICALS [1]

Black Male/Female Relationships. San Francisco (1979).

A new journal investigating black sexuality and black male-female interactions.

Focus on Women: Alcohol, Drugs, and Mental Health (1979).

This journal is in the planning stages. Its purpose will be to provide a forum dedicated to the exchange of scientific and psychosocial information among physicians, nurses, social workers, and others who work with women affected by alcoholism, drug abuse, other compulsive behavior, or emotional problems. Publication of a pilot issue is expected in the fall of 1979. For further information and to receive a pilot issue, write to: Antonia D'Angelo, ACSW; Institute of the Pennsylvania Hospital; 111 North 49th Street; Philadelphia, Pennsylvania 19139.

Journal of Marriage and the Family. Special Issue on Black Families, November 1978.

Topics include contrasting approaches to the study of black families; power relationships in black families; child rearing by black parents; a biracial comparison of race, liberalism-conservatism, and premarital sexual permissiveness; the impact on the expressive aspect of sex-role socialization of black and white families in America; perceived dominance in decision making and conflict resolution among Anglo, Black, and Chicano couples; factors related to stability in upwardly mobile black families; the employment of wives in middle-class black families; and interrole conflict, coping strategies, and satisfaction among black working wives.

Psychology of Women Quarterly. New York: Human Sciences Press (1976).

Empirical studies, critical reviews, theoretical articles, and book reviews are published in this official publication of the

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[1] Addresses and subscription information are provided at the end of this listing.

American Psychological Association. The kinds of problems addressed include psychobiological factors, behavioral studies, role development and change, career choice and training, management variables, education, discrimination, therapoutic processes, and sexuality.

Signs: Journal of Women in Culture and Society. Chicago: University of Chicago Press (1975).

Interdisciplinary journal addressing problems from the fields of religion, the social sciences, literature, philosophy, and politics.

Washington Women's Representative. Washington, D.C. (1975).

Provides up-to-date information on the current status of female issues in the Federal files, such as health, jobs, conferences and publications, politics, and the military.

Women & Health. New York: Haworth Press (1975).

This journal focuses on women's health care. The articles are scholarly and well documented and report recent research and literature surveys, debate policy questions, and review books and films on topics relating to all aspects of women's health.

Women's Studies. London: Gordon and Breach Science Publishers (1974).

Women's Studies is a journal providing a forum for the presentation of scholarship and criticism about women in the fields of literature, history, art, sociology, law, political science, economics, anthropology, and the sciences.

SUBSCRIPTION INFORMATION

Address	Cost
Black Male/Female Relationships 1360 Turk Street San Francisco, California 94115	$10 per year
Journal of Marriage and the Family The National Council on Family Relations 1219 University Avenue, Southeast Minneapolis, Minnesota 55414	$20 per year $5 per single copy
Psychology of Women Quarterly Human Sciences Press 72 Fifth Avenue New York, New York 10011 212/243-6000	$35 per academic year Rates to individual professionals and students are available on request
Signs The University of Chicago Press 5801 Ellis Avenue Chicago, Illinois	Institutions: 1 year $20, 2 years $36, 3 years $51 Individual: $15, $27, $38.25
Washington Women's Representatives 854 National Press Building Washington, D.C. 20045 202/347-3553	$37 per year $25 individual subscription prepaid by personal check
Women and Health Subscription Department The Haworth Press 149 Fifth Avenue New York, New York 10010 212/228-2800	$36 libraries, institutions, agencies $20 individuals, prepaid by personal check
Women's Studies Gordon and Breach Science Publishers, Inc. One Park Avenue New York, New York 10016	$29 libraries and institutions $10 individuals

ARTICLES AND PAMPHLETS[1]

"An Emerging Issue: The Female Alcoholic." Miami, Florida: Health Communications, Inc. 1977.

> A basic information pamphlet introducing the problem of female alcoholism. Topics discussed are the scope of the problem, the variety of women afflicted, reasons for female drinking, male-female differences in drinking, and treatment facilities for women.

Curlee, J. "Alcoholism and the Empty Nest." Center City, Minnesota: Hazelden Books, 1969.

> This publication reports on a study to test the hypothesis that women become alcoholics under some clearly defined stress, unlike men, who seem to drift into alcoholism. Eight out of one hundred men could name specific problems precipitating alcoholism compared with thirty of one hundred women. Twenty-one of these women related the onset of excessive drinking to the onset of middle age. The implications of these findings for outreach and treatment are discussed.

Doyle, K., Quinones, M., Tracy, G., Young, D., and Hughes, J. Restructuring rehabilitation for women: Programs for the female drug addict. Am. J. Psychiatry 134:1395-1399, December 1977.

> While the setting of this study was two therapeutic communities for female addicts, the focus of the study--sources of difficulty in program operation--has application for all programs providing services to women. Two major problems were identified: male and female staff of the coeducational program had different perceptions of the purposes and characteristics of the women's part of the program and female staff in the coeducational and all women's programs had ambivalent feelings about their roles as women and as authority figures. The authors suggest the need for training that enables female staff to separate their goals and ideals from the needs of their clients.

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[1] Addresses and purchasing information are provided at the end of this listing.

Fraser, J. The female alcoholic. Toronto: Addiction Research Foundation of Ontario, 1974. Originally appeared in *Addictions* 2:64-89, 1973; updated by Lavada Pinder in May 1976.

Changing social standards and attitudes are discussed, particularly as they relate to alcoholic women. Statistical and empirical evidence to illustrate differences in treatment of men and women with alcohol-related problems are presented. Misconceptions about alcoholic women are discussed and approaches to reaching the housewife and the employed woman are suggested.

Garrett, G. and Bahr, H. The family backgrounds of skid row women. *Signs: Journal of Women in Culture and Society*. 2(2): 369-381, 1976.

An exploratory paper attempts to identify sex differentials in the etiology of homelessness and excessive drinking. Family instability appears to be more directly related to homelessness among women than among men. Women from broken homes, compared with "settled" women, are over represented among women in a shelter. The authors suggest that failure in marriage is a key variable in explaining "skid careers" of women, while among homeless men, it seems to play a relatively minor role.

Gust, D. "Career Woman Going Up Fast; Alcoholic Going Down Fast." Minneapolis, Minnesota: CompCare Publications, 1977.

The manifestations of alcoholism among employed women are presented in a series of dramatic vignettes, with a discussion of the role of employee assistance programs in helping employed women overcome their problems with alcohol.

Kimball, B. "Counseling for Growth in a Halfway House for Women." Center City, Minnesota: Hazelden Books, 1976.

The general characteristics and needs of the alcoholic woman who can benefit from care in a halfway house, what a typical halfway house program looks like, and the role of the counselor in helping the woman toward recovery are discussed.

Martin, J. Drugs of abuse during pregnancy: Effects upon offspring structure and function. *Signs: Journal of Women in Culture and Society*. 2(2):357-368, 1976.

This article provides a background for understanding the problems involved in determining the effects of various substances on the fetus during pregnancy. It reviews studies of the effects of nicotine, opiates, and alcohol on the fetus. The effects of maternal drug ingestion upon developmental, perceptual, emotional, and intellectual functions of the offspring, as opposed to structural and physiological functions, have hardly been examined. Data from animal studies, paternal effects, and sex ratio changes are included. Since the major period of embryonic vulnerability is past before a woman discovers that she is pregnant, it is crucial that injurious agents be identified.

McGuire, P. "The Liberated Woman." Center City, Minnesota: Hazelden Books, 1975.

The author describes general personality characteristics of women who enter treatment for chemical addiciton. Dependency roles and social stereotypes keep women from becoming responsible for themselves. The rewards of choosing personal growth over dependence are discussed.

Sandmaier, M. "Alcohol Programs for Women: Issues, Strategies and Resources." National Clearinghouse for Alcohol Information, P.O. Box 2345, Rockville, Maryland 20852.

"Alcohol Programs for Women" provides a set of tools for developing prevention and treatment programs for women, based on the program priorities, concepts, and innovative projects of groups around the country already involved in combating women's alcohol problems. It can be used by community task forces, women's centers, volunteer organizations and other grass-roots groups, as well as professional program planners working in the alcohol/health field. The guide is designed also to encourage funding for women's alcohol programs, both by clarifying issues for grant-making sources and by sharing funding strategies and resources with potential program planners.

U.S. Department of Health, Education, and Welfare. "Shattering Sex-Role Stereotypes...Foundations for Growth." DHEW Publication No. (ADM) 77-570, 1978.

"Shattering Sex-Role Stereotypes" is a folder containing summaries of research findings on psychological issues that emerge from sex role stereotyping. Topics regarding the effects of female stereotypes include alcoholism, drug abuse, battered wives, clinical bias of therapists, and depression. Topics on the effects of male stereotypes include violence and the changing role of men. Each summary is contained on a single page and includes the name and address of an ADAMHA staff person, and the reference on which the summary was based. Though originally created to encourage television script writers to use new concepts of sex roles in their programming, this packet is useful to anyone interested in keeping abreast of current research on male and female stereotyping and its implications for mental health.

"A Woman's Choice: Deciding About Drugs." Washington, D.C.: National Institute on Drug Abuse. 1979.

The pamphlet examines some of the stressful situations encountered by women in all walks of life, discusses when drugs may be helpful in coping with stress and when they may not be helpful, and offers some alternatives to drug use in dealing with stress. The pamphlet was written "for women and by women" and includes a list of danger signals that women can use to help decide when drug and alcohol use is becoming misuse.

"Women: On Women in Recovery." St. Paul, Minnesota: Association of Halfway House Alcoholism Programs, 1975.

This collection of articles written by women administrators, staff of halfway hosue programs, and women residents is of interest to anyone involved in programming residential facilities for women only or for men and women.

"Women: Their Use of Alcohol and Other Drugs." Focus on Alcohol and Drug Issues 1:4, July-August, 1978.

Focus is published every 2 months by the U.S. Journal of Drug and Alcohol Dependence, Inc. This special issue on women contains articles by prominent women in the field ranging from Federal priorities to treatment to fetal alcohol syndrome.

Worden, M., and Rosellini, G. Role of diet in people-work: Uses of nutrition in therapy with substance abusers. Journal of Orthomolecular Psychiatry 7:249-257, 1978. Reprint: $1.00 from Mark Worden, Douglas County Council on Alcoholism, Box 1121, Roseburg, Oregon 97470.

This paper reviews biological, diet-related factors frequently neglected in the treatment of alcoholism. It also presents examples of how nutrition is integrated into the counseling process in a small, semirural alcohol and drug treatment program.

PURCHASING INFORMATION

Title and Cost	Address
"An Emerging Issue: The Female Alcoholic" - $.50	Health Communications, Inc. 2119-A Hollywood Boulevard Hollywood, Florida 33020
"Alcoholism and the Empty Nest" - $.40	Hazelden Foundation Consultation and Education Services Box 176 Center City, Minnesota 55012
"The Female Alcoholic" - $.40	Addiction Research Foundation 33 Russell Street Toronto, Ontario, Canada M5S 2S1
"Career Woman Going Up Fast; Alcoholic Going Down Fast" - $.75	CompCare Publications Box 27777 Minneapolis, Minnesota 55012
"Counseling for Growth in a Halfway House for Woman" - $.40	Hazelden Foundation Consultation and Education Services Box 176 Center City, Minnesota 55012
"The Liberated Woman" - $.40	Hazelden Foundation Consultation and Education Services Box 176 Center City, Minnesota 55012
"Alcohol Programs for Women: Issues, Strategies and Resources" - no charge	National Clearinghouse for Alcohol Information P.O. Box 2345 Rockville, Maryland 20852
"A Woman's Choice: Deciding About Drugs" - $1.30 Stock No. 017-024-00867-2	Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402
"Women: On Women in Recovery" - $3.00	Association of Halfway House Alcoholism Programs 786 East Seventh Street St. Paul, Minnesota 55106
"Women: Their Use of Alcohol and Other Drugs" - $3.50	Health Communications, Inc. 2119-A Hollywood Boulevard Hollywood, Florida 33020

BIBLIOGRAPHIES

Astin, H.S., Parelman, S. and Fisher, A. Sex Roles: An Annotated Research Bibliography. Washington, D.C.: U.S. Government Printing Office, 1976. 379 pages; 456 annotations.

Gisler, L. Women: A Bibliography. New York: no date.

> Constantly updated by the author. For information concerning costs and availability, write the author at 102 West 80th Street, New York, New York 10024.

Maccoby, E., and Jacklin, C. The Psychology of Sex Differences. Stanford: Stanford University Press, 1974.

> This volume contains 234 pages of annotated bibliography on the development of sex differences covering 1,400 research studies published since 1965.

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> This 62-page guide lists international and Pan American organizations, films, radio/T.V. spots, pamphlets, posters, periodicals, books, bibliographies, and other resources. The publications listed may be in Spanish, English, or bilingual. Single copies are available for $.50 from Do It Now Foundation P.O. Box 5115, Phoenix, Arizona 85010.

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CONFERENCE PROCEEDINGS

Proceedings of a Workshop on Alcoholism and Alcohol Abuse Among Women, Jekyll Island, Georgia. Sponsored by the National Institute on Alcohol Abuse and Alcoholism. April 1978. Washington, D.C.: U.S. Department of Health, Education, and Welfare. In press.

> The papers presented at this workshop provide a comprehensive overview of the meager knowledge available on epidemiology of male/female drinking; biological and psychosocial consequences of alcohol for women; risk factors related to alcohol problems among women; diagnosis, casefinding, treatment, and outcomes; and prevention of alcohol problems among women. Recommendations are made about the type of research that is needed to begin to close the gaps in our knowledge and provide a better basis for providing effective treatment and prevention programs.

Olesen, V. Women and Their Health: Research Implications for a New Era. Proceedings of a Conference Held at San Francisco, California on August 1 - 2, 1975. Cosponsored by the University of California and the National Center for Health Services Research, Health Resources Administration. Available from: National Technical Information Service.

> Recent changes in the family, the traditional roles of its members, and in society have far-reaching implications for the research community. Conventional assumptions about women that have guided research may no longer be valid.

ASSESSMENT INTERVIEW GUIDELINES

The following is a set of counselor guidelines for conducting an assessment interview with a female client. It is intended to highlight areas of special significance in planning treatment for women, to alert counselors to areas in which their own attitudes may color their assessment, and to suggest some questions they might incorporate into their customary interviews. This guide is intended to supplement rather than replace the agency's customary assessment interview.

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Alcohol/Drug History	1. There may be a tendency to protect the client because she is a woman or to reject her because women alcoholics are "bad."	1. Be aware of your personal attitudes toward women and women alcoholics.
	2. Women are more likely than men to be using prescription drugs in combination with alcohol. Also, it is important in the total history to be aware of all medications the client is taking. In one agency's experience, working black women are more likely to receive prescriptions for the major tranquilizers (i.e., chlorpromazine, prochlorperazine); white women are more likely to receive prescriptions for the minor tranquilizers (e.g., diazepam, chlordiazepoxide).	2. Ask: a. If you have been under a doctor's care, what medications have been prescribed? b. How did it come about that the doctor prescribed the medication? c. What do you know about its purpose and possible side effects? d. What drugs are you taking now? How long have you been taking them? How much are you taking? e. What medications/drugs other than those prescribed by a doctor do you take?
	3. If drug/alcohol intake is related to pregnancy, children should be assessed for possible harmful effects.	

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Marital History	1. Full exploration of role issues in marriage is sometimes neglected.	1. Ask: a. What were your expectations of marriage? b. Have they been fulfilled? c. If not, in what ways? How have you been dissatisfied? d. What role do you play in your marriage? e. How would you like it to be different?
	2. Women often receive pejorative labels or are labled as having a feminine identify problem if: a. they never marry b. they do not have children c. they express dissatisfaction with their role as wife and mother d. they leave their husband and children. (Unmarried women or nonmothers may be considered incomplete; single men are considered attractive, independent.)	2. a. Do not assume that unmarried women are unhappy or incomplete. They may be, but don't assume it. b. Be aware that many women do not want children. c. Ask yourself if you would have the same questions/attitudes about the situation if the client were male.

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Family Interaction Patterns	1. Establishment of sex role patterns is frequently neglected, although this topic is extremely important in understanding the development of the client's self-concept. It includes areas such as: a. learned helplessness - giving up of personal power b. development of life goals c. concept of relationships with men d. how the role of the female was conceptualized.	1. Ask: a. What was it like in your family when you were growing up? b. How did you learn that you were a girl? c. What did your parents want for you? d. How did this compare with what you wanted? e. What things did your mother do in the family? Your father? (The above should be explored only briefly initially, to pinpoint problem areas, but should be explored in depth in the course of treatment.)
	2. Certain behaviors within the family are less likely to be accepted as positive in women. For example, the boy who left home early is adventurous and resourceful; the girl who left home early is troublesome.	2. Examine your own attitudes about these differences. Apply the same standards for both sexes. Ask yourself: if this same behavior occurred in a man, would I see it the same way?
	3. Family members (Hispanic-speaking especially) may resist the idea of the client's entering treatment.	3. Ask: How does your family feel about your being here? (If it hasn't come up already, you may want to include spouse's feelings too.)

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Relationships with Children	1. Not only have women been assigned the role of child care by society, they often feel this responsibility very deeply. A woman's commitment to her children may be a barrier to treatment and may at the same time engender feelings of guilt about the effects of her drinking.	1. Ask: a. Tell me about your children. b. What concerns do you have about their care while you are in treatment? c. What effect do you think your drinking is having on them?
	2. Children of alcoholic parents exhibit behaviors that complicate the parent/child relationship and may indicate the need for professional treatment, or at least development of parenting skills and provision of occasional support or relief for the mother.	2. Ask: a. How do you and your children get along? b. What do they do that causes problems for you? c. How do you discipline your children when they have disobeyed you or made you angry? d. What do you do when you need help with the children?
	3. Women who drink heavily during pregnancy risk bearing a child with fetal alcohol syndrome. The problems related to caring for these children need special attention.	3. Ask: a. What was your drinking like during the time you were pregnant? b. How does the growth and development of this child compare with the growth and development of other children you have known?

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Relationship with Other Women	It is often assumed that the only important relationships in a woman's life are with men. Certainly the relationship between the client and her male partner is a critical issue during treatment. Many women will be single, separated, divorced, or living with a female partner. In either case close relationship and support from other women will be crucial in the client's recovery. If they do not exist, ways will have to be found during treatment to develop them.	Ask: a. Other than the man in your life (husband, lover boyfriend, as the case may be), who else are you close to? or (if there is no man) whom do you count among your close friends? b. Among these, whom do you share your problems with? How does this person (may be more than one) help you? c. What does this person say (or would they say) about your entering treatment?

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Education/Work History	1. Many women are heads of households, supporting themselves or contributing substantially to the family income.	1. Ask: a. Are you presently working? b. What is your reason for working? c. How do you feel about working? About this particular job? What is your greatest satisfaction from working? What aspects of your work make you uncomfortable? Anxious? Depressed? d. Fully explore wherever these questions lead. e. What were the values in your family around working women? f. Can you remember something you wanted to do with your life when you were very young?
	2. Women who have chosen nontraditional careers are still viewed as exceptions and may evoke some discomfort in others.	2. Examine your own values about women's career choices. Recognize a nontraditional career choice as a way of becoming a complete person, and as an indication of personal strength that will aid her in her current situation.
	3. With women clients, discrepancies between educational background and career or non-career may be as significant as they are for men.	3. If there is a discrepancy between the two, ask about it; explore it with her.

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Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Hobbies/Outside Interests	1. The value of this area is often overlooked for women and is not explored fully. Development of personal interests has implications for job choices and development of a more positive self-concept.	1. Ask: a. What are your sources of personal satisfaction, pleasure? b. (If none are reported), what did you like to do as a youngster? c. If you felt you had the time, what hobbies, clubs, or other activites would you like to get into?
	2. Women frequently don't have time for hobbies and outside interests. They often place family matters first (even after a full day's work).	2. Explore constraints on her time for pursuing other activities as a basis for surmounting this obstacle during treatment.

Assessment Topic	Special Issues/Concerns	Cautions/Sample Questions
Sexual History (This topic is usually not explored during assessment, but it is well to be prepared should the subject come up.)	1. The secrecy and misconceptions associated with sexual behavior in this society often create problems and make it difficult to discuss with any degree of confidence and comfort. Also people are often afraid to reveal their ignorance, or feel that their behavior is abnormal or unacceptable.	1. Be well informed on the topic and work toward attaining awareness and acceptance of your own attitudes and feelings. Be aware that clients will often be misinformed and reluctant to discuss the topic.
	2. There is a tendency to apply a double standard. Certain sexual behaviors considered negative in women would not be considered so in men, for example extramarital affairs.	2. Examine your own attitudes about these differences. Ask yourself: If this same behavior occurred in a man, would I see it the same way?

ATTITUDES TOWARD WOMEN SCALE

Introduction

This 15-item scale which appears on the following pages was adapted by Janet T. Spence and Robert Helmreich from a 55-item scale they had developed previously.[1] The scale contains 15 statement relating to the rights and roles of women in contemporary society. Respondents indicate their opinion on each statement by marking one of four alternatives: agree strongly, agree mildly, disagree mildly, disagree strongly.

Scoring Instructions

Possible scores range from 0 to 45, 0 being the most conservative position and 45 being the most liberal position. Depending on the wording of the statement, the most conservative position may be either agree strongly or disagree strongly. As shown on the key on page 307, the most conservative response to the first statement is A (agree strongly). The most conservative response to the second statement is D (disagree strongly). The key shows the most conservative response to each statement. To translate these responses to numerical scores, the procedure is as follows:

1. On statement #1 and all statements where the most conservative position is A: A=0, B=1, C=2, D=3.

2. On statement #2 and all statements where the most conservative position is D: D=0, C=1, B=2, A=3.

3. Thus, the numerical scoring of the first five items would look like this:

item no.	hypothetical response	numerical score
1	B	1
2	A	3
3	A	3
4	B	2
5	D	3

---

[1] A full description of this development is available at a cost of $2.00 from Journal Supplement Abstract Service, American Psychological Association, 1200 17th Street, N.W., Washington, D.C. 20036. Ask for manuscript number 53.

4. Follow the same procedure for all items, then add the numerical scores to obtain a total score. The higher the score, the more liberal the personal attitude being expressed by the respondent.

Suggestions for Using the Attitudes Toward Women Scale

As a resource for staff development, this scale can be used in several ways It could be administered anonymously to all staff as a way to obtain a general sense of their attitudes as a group toward women. To obtain a better context for interpreting the scores, you might ask each respondent to indicate his or her sex and age. An average score of 20 or less for the entire staff might indicate the need for considerable staff development before a women's treatment program is planned and implemented.

A second possibility is to use the scale as a measure of attitude change before and after a training program designed to raise staff awareness on the special treatment needs of alcoholic women.

A third alternative is to use the scale as a discussion trigger in a staff development session by administering the scale to the participants and then leading a discussion of selected items. One way to do this and preserve the privacy of group members is to administer and score the scale prior to the session. Next do an item analysis to identify those items the group generally agrees on, those showing disagreement by sex, those items showing a divergence of opinion, and so on. The discussion would center around a presentation of the item analysis, speculation about possible reasons for the results that were obtained, and the impact of different attitudes about women on alcoholism treatment for women.

Three ways to use the Attitudes Toward Women Scale as a resource for staff development have been suggested. There are many other possibilities. However the scale is used, it is important, indeed imperative, to use it in a way that ensures the privacy of each individual, recognizes that there are no right or wrong answers to any of these statements, and respects the need for and value of differences of opinion.

If you are unfamiliar with evaluation techniques and test administration and/or group dynamics, group leadership, and training design, it would be wise to engage the services of an evaluation specialist or trainer before using this scale for either purpose.

A blank scale suitable for reproduction appears on the next two pages. A key follows, with the most conservative response shown for each item.

ATTITUDES TOWARD WOMEN SCALE

The statements listed below describe attitudes toward the role of women in society that different people have. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you (A) agree strongly, (B) agree mildly, (C) disagree mildly, or (D) disagree strongly. Please indicate your opinion by marking the alternative that best describes your personal attitude. Please respond to every item.

(A) Agree strongly
(B) Agree mildly
(C) Disagree mildly
(D) Disagree strongly

_____ 1. Swearing and obscenity are more repulsive in the speech of a woman than a man.

_____ 2. Under modern economic conditions, with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry.

_____ 3. It is insulting to women to have the "obey" clause remain in the marriage service.

_____ 4. A woman should be as free as a man to propose marriage.

_____ 5. Women should worry less about their rights and more about becoming good wives and mothers.

_____ 6. Women earning as much as their dates should bear equally the expense when they go out together.

_____ 7. Women should assume their rightful place in business and all the professions along with men.

_____ 8. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.

_____ 9. Sons in a family should be given more encouragement to go to college than daughters.

_____ 10. It is ridiculous for a woman to run a locomotive and for a man to darn socks.

Used with permission of the authors, Janet T. Spence and Robert Helmreich, Department of Psychology, The University of Texas, Austin, Texas 78712. Reproduction of this scale for nonprofit uses is permitted.

Attitudes Toward Women Scale (continued)

(A) Agree strongly
(B) Agree mildly
(C) Disagree mildly
(D) Disagree strongly

_____ 11. In general, the father should have greater authority than the mother in the bringing up of children.

_____ 12. The intellectual leadership of a community should be largely in the hands of men.

_____ 13. Economic and social freedom is worth far more to woman than acceptance of the ideal of femininity which has been set by men.

_____ 14. There are many jobs in which men should be given preference over women in being hired or promoted.

_____ 15. Women should be given equal opportunity with men for apprenticeship in the various trades.

KEY
(The most conservative alternative, scored D, is shown.)

ATTITUDES TOWARD WOMEN SCALE

The statements listed below describe attitudes toward the role of women in society that different people have. There are no right or wrong answers, only opinions. You are asked to express your feelings about each statement by indicating whether you (A) agree strongly, (B) agree mildly, (C) disagree mildly, or (D) disagree strongly. Please indicate your opinion by marking the alternative that best describes your personal attitude. Please respond to every item.

(A) Agree strongly
(B) Agree mildly
(C) Disagree mildly
(D) Disagree strongly

A 1. Swearing and obscenity are more repulsive in the speech of a woman than a man.

D 2. Under modern economic conditions, with women being active outside the home, men should share in household tasks such as washing dishes and doing the laundry.

D 3. It is insulting to women to have the "obey" clause remain in the marriage service.

D 4. A woman should be as free as a man to propose marriage.

A 5. Women should worry less about their rights and more about becoming good wives and mothers.

D 6. Women earning as much as their dates should bear equally the expense when they go out together.

D 7. Women should assume their rightful place in business and all the professions along with men.

A 8. A woman should not expect to go to exactly the same places or to have quite the same freedom of action as a man.

A 9. Sons in a family should be given more encouragement to go to college than daughters.

A 10. It is ridiculous for a woman to run a locomotive and for a man to darn socks.

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Attitudes Toward Women Scale (continued)

(A) Agree strongly
(B) Agree mildly
(C) Disagree mildly
(D) Disagree strongly

A 11. In general, the father should have greater authority than the mother in the bringing up of children.

A 12. The intellectual leadership of a community should be largely in the hands of men.

D 13. Economic and social freedom is worth far more to woman than acceptance of the ideal of femininity which has been set by men.

A 14. There are many jobs in which men should be given preference over women in being hired or promoted.

D 15. Women should be given equal opportunity with men for apprenticeship in the various trades.

PACKAGED TRAINING COURSES

During the presentation of SERVICES FOR ALCOHOLIC WOMEN, a number of topics and skills are mentioned, among them: staff training, needs assessment, and planning. Some training programs have been developed on those topics that may be considered for upgrading the skills of agency staff. The most relevant programs are described below.

Women in Treatment

This 4-day course complements SERVICES FOR ALCOHOLIC WOMEN in that it emphasizes the knowledge and skills needed for direct delivery of services and one-to-one interactions with female clients. As such it is designed to assist both male and female counselors and treatment staff workers to:

- Understand the issues involved in treating drug dependent women.
- Improve their knowledge base about patterns of drug use, life stages of women, special issues and problems affecting women in treatment.
- Improve their skill in assessing and counseling women clients.
- Evolve a conceptual framework for analyzing program components and individual approaches aimed at retaining female clients and enhancing the quality of their treatment experience.

Specifically the audience for this course is both male and female counselors and supervisors of counselors who treat or anticipate serving female clients with drug or alcohol problems; e.g., drug and alcohol treatment workers, mental health and human services personnel, clergy, nurses and other allied health professionals, and youth workers.

Topics covered in the course include:

- Patterns of alcohol and drug use among women (including licit and illicit drugs).
- Women's life cycle (including physiological, psychological and sociological factors and major life tasks at each stage).
- Special issues and problems in working with women: family systems, suicide, battering, sexuality and health.
- Critical program components and resource networks.
- Practicum and personal principles of counseling.

Requests for NDAC course materials should be directed through State Training Support Program offices or Regional Support Centers. If you are not familiar with the STSP office in your state or the closest Regional Support Center, please contact NDAC's Materials Distribution Facility (address and telephone below) to obtain that information:

National Drug Abuse Training Materials
Distribution Facility
12112 Nebel Street
Rockville, Maryland 20852
(301) 652-3582

For information about the content or methodology of NDAC courses contact:

National Drug Abuse Center
Training/Technical Assistance Division
5530 Wisconsin Avenue, N.W.
Washington, D.C. 20015
(301) 652-3582

Programming Community Resources

Programming Community Resources is designed to upgrade and/or develop the assessment and negotiation skills of management personnel who are involved in developing and coordinating resources among community agencies to provide comprehensive services for people with alcohol problems.

The 26-hour training program is aimed particularly toward management personnel from alcohol service delivery agencies who have the authority to represent their program within the community and the administrative authority to allow them to commit agency resources and services.

Topics covered include community assessment, target problem identification and analysis, planning and conducting inter-agency negotiation, and group problem-solving techniques. The course is designed to permit modification to meet local training needs. For example, if it is desired, only the portions relating to community assessment and identification and analysis of the target population can be selected for delivery.

Planning Alcoholism Services

This 30-hour training program, subtitled A Basic Course in Assessment, Program Design, Implementation, and Evaluation, focuses on the application of a generic planning process to program development in alcohol service agencies and provides a framework for the programmatic resolution of community problems (e.g., improved treatment of alcoholic women); it does not deal with the logistical or organizational aspects of program development.

The training program is designed for staff in existing alcohol agencies who are responsible for planning the development or expansion of programs responsive to community alcoholism service needs--either clinical or administrative staff whose effectiveness depends on acquisition or improvement of basic skills in systematic planning for community services.

Following an introductory session, participants work through four skill areas:

- Assessment (Stating the Problem, Data Collection, Data Analysis)
- Program Design (Goal Setting, Specification of Objectives, Strategy Selection and Action Plan Design)
- Implementation (Program Management and Coordination)
- Evaluation

The final course activity is completion of a preliminary plan for resolution of an actual alcoholism service-related problem which was identified by each participant prior to coming to training.

Counseling Alcoholic Clients

The purpose of this course is the improvement of participants' ability to apply basic communication skills in one-to-one interactions with clients in treatment for alcoholism.

The audience for this 30-hour course is those whose major job responsibility is counseling clients with alcohol-related problems, and who have had less than 3 year's experience and little or no previous training in counseling.

The skills covered in the program are: attending, paraphrasing, reflection of feeling, summarizing, probing, counselor self-disclosure, interpreting, and confrontation. The eight skills are presented one at a time to allow for learning and practice of individual skills. Two sessions are devoted to practice in integrating the skills presented in training: the first integration practice occurs after the first four skills have been presented; the second occurs at the end and provides opportunity to practice the integration of all eight skills. Videotape is used to demonstrate the use of each skill in a simulated counseling session.

Course materials requests for Programming Community Resources, Planning Alcoholism Services, and Counseling Alcoholic Clients, or specific questions regarding course development or delivery, should be directed to:

National Center for Alcohol Education
Field Services Division
1601 North Kent Street
Arlington, Virginia 22209
(703) 527-5757

Others

A variety of packaged training materials covering a range of topics and audiences are also available from the Southern Area Alcohol Education and Training Program. Some of these materials are suitable for staff development and others have particular application as part of outreach. Titles include:

- Employee Assistance Training
- Supervisor Sensitivity Training
- Youth Awareness Training
- Alcohol Abuse Training Related to Minority Populations
- Alcohol and Women
- Alcohol and Blacks
- Physicians Role: Diagnosis, Management of Alcoholism and Alcohol Related Disorders
- A Model Campus Alcohol Abuse Prevention Program

A catalogue containing program descriptions and ordering information may be obtained from:

SAAETP
4875 Powers Ferry Road, N.W.
Atlanta, Georgia 30327
(404)252-6811

Section V

Client Education Resources

CLIENT EDUCATION RESOURCES

BOOKS

Allen, C. *I'm Black and I'm Sober*. Minneapolis, Minnesota: CompCare Publications, 1978.

A minister's daughter tells her story about fighting the disease of alcoholism--and winning.

Curlee-Salisbury, J. *When the Woman You Love is an Alcoholic*. St. Meinrad, Indiana: Abbey Press, 1979.

Parents, husbands, brothers and sisters, children, and friends of a woman with alcoholism need help and direction to cope with a bewildering and challenging situation. This book offers guidance in assessing the problem accurately and taking constructive steps to help the woman they love and themselves.

Nero, J. *Drink Like a Lady, Cry Like a Man*. Minneapolis, Minnesota: Compcare Publications, 1977.

This book recounts the progression of illness and recovery of an alcoholic woman and her husband. It is a true story written anonymously by the husband and describes the struggles of both husband and wife to confront alcoholism and combat it successfully.

Rebeta-Burditt, J. *The Cracker Factory*. New York: Bantam Books, 1978.

An autobiographical novel about recovery, this serious yet humorous book traces the long journey of one woman through psychiatric hospitals to eventual recovery.

Robe, L. *Just So It's Healthy*. Minneapolis, Minnesota: CompCare Publications, 1978.

Written for pregnant women and those who may become pregnant, this book translates scientific data on fetal alcohol syndrome and genetic drug damage into everyday language. It provides accurate information on the dangers to unborn babies posed by our chemical environment as a basis for making informed decisions about drug and alcohol consumption during pregnancy.

PAMPHLETS

Alcoholics Anonymous. *AA for the Woman*. 1968.

> Stories and discussion offer experiences of alcoholic women from various backgrounds.

Alcoholics Anonymous. *A Letter to a Woman Alcoholic*. 1954.

> For the woman who thinks she may be an alcoholic; this pamphlet discusses the problems she may be encountering.

Alcoholics Anonymous. *It Happened to Alice*. 1968.

> Information for women with drinking problems is presented in easy to read, comic-book style.

Alcoholics Anonymous. *The Alcoholic Wife*. 1954.

> Describes AA's approach to alcoholism from the husband's viewpoint.

Gust, D. *Up, Down, and Sideways on Wet and Dry Booze*. Minneapolis, Minnesota: CompCare Publications, 1977.

> The author examines the patterns and the consequences of poly-drug use in both men and women through a combination of case studies and factual information.

Kimball, B. *The Woman Alcoholic and Her Total Recovery Program*. Center City, Minnesota: Hazelden Foundation. 1976.

> Addressed directly to the woman who is dependent on alcohol, drugs, or both; this pamphlet presents a very personal account of the "bad thinking" that ties a woman to alcohol. The "dynamics of denial" are described along with the self-destructive thoughts and feelings that must be recognized and overcome during recovery.

Lindbeck, V. The Woman Alcoholic. New York: Public Affairs Pamphlets, 1975.

The author describes some common female alcoholism patterns and lists clues to concealed alcoholism. Practical "do's" and "don'ts" for helping alcoholics are provided for those close to them. Treatment modes are also discussed.

Mann, M. Danger Signals for Women Drinkers. New York: National Council on Alcoholism. 1971.

A listing of early symptoms of alcoholism is combined with suggestions about where to go for help.

Michael, J. The Gay Drinking Problem--There is a Solution. Minneapolis, Minnesota: CompCare Publications. 1976.

A homosexual and recovering alcoholic describes his battle with and recovery from alcoholism. He discusses the progression of the disease, recovery, and relapse and where special help is available for men and women.

National Clearinghouse for Alcohol Information. de Mujer a Mujer: Hablemos Sobre el Alcoholismo.

Prepared by women for women, this publication was especially designed to inform Mexican-American, Puerto Rican, Cuban, and other Hispanic women about drinking problems and alcoholism.

Sandmaier, M. Alcohol Abuse and Women. A Guide to Getting Help. Rockville, Maryland: National Clearinghouse for Alcohol Information. 1978.

Information is presented on the basic facts about alcoholism, why women drink, how to know if you drink too much, the double standard, and how to get help.

Sandmaier, M. Alcohol and Your Unborn Baby. Rockville, Maryland: National Clearinhouse for Alcohol Information. 1978.

Addressed to the pregnant woman, the purpose of this pamphlet is to help her make informed, intelligent choices about alcohol use during pregnancy by providing accurate, clearly written information about how alcohol affects an unborn child.

Tepper, S. The Combination; The Great Orgasm Robbery; So You Don't Want to Be a Sex Object; So Your Happily Ever After Isn't.

While these four pamphlets deal with the same topic--sex and male-female relationships, they each present different aspects of that topic. The Combination, addressed to male adolescents but of general interest, examines some of the stereotypes about how men and women "should" behave that can lead to misunderstandings and create barriers to establishing honest and trusting relationships. The Great Orgasm Robbery clarifies misconceptions about orgasm and explores the origins of some of the meanings attached to the sex act that may lead to unnecessary feelings of inadequacy, shame, and guilt. So You Don't Want to Be a Sex Object helps women sort out their thoughts and feelings about sex and about themselves and make some decisions about their goals and values that contribute to building self-esteem and self-confidence. So Your Happpily Ever After Isn't examines what are reasonable expectations about life and relationships in terms of a continuous romantic "high" versus some highs and a lot of comfort.

The tone of the pamphlets is light but down-to-earth and taken together they contain a lot of accurate information and common sense. Reading any or all of these materials will help to reduce a client's anxiety about sex and would be an excellent prelude to group or individual counseling on sexuality.

Zink, M. For Silent Sippers: A Way Out of Hiding. Minneapolis, Minnesota: CompCare Publications. 1977.

A recovering alcoholic talks about the special problems of women alcoholics. Typical life styles of women alcoholics are discussed, along with some common character traits. Recovering women alcoholics describe their experiences.

PURCHASING INFORMATION

Title and Cost	Address
When the Woman You Love Is An Alcoholic. $1.95 plus $.75 postage	Abbey Press Attention, Thomas J. Weber St. Meinrad, Indiana 47577
Drink Like a Lady, Cry Like a Man. $6.95 *For Silent Sippers: A Way Out of Hiding*. $.75 *I'm Black and I'm Sober*. $6.95 *Just So It's Healthy*. $2.95 *The Gay Drinking Problem: There is a Solution*. $.75 *Up, Down, and Sideways on Wet and Dry Booze*. $.75 plus $.45 postage and handling	CompCare Publications P.O. Box 244 Minneapolis, Minnesota 55427 800/328-3330 612/559-4800 (Minnesota residents)
The Woman Alcoholic and Her Total Recovery Program. $.75 plus $.45 handling	Hazelden Foundation Consultation and Education Services P.O. Box 176 Center City, Minnesota 55012 800/328-9288 (Continental U.S.) 612/257-2905 (Minnesota and outside Continental U.S.)
Alcohol Abuse and Women *Alcohol and Your Unborn Baby* *de Mujer a Mujer* no charge for single copies and small quantities	National Clearinghouse for Alcohol Information P.O. Box 2345 Rockville, Maryland 20852 301/648-2600
AA for the Woman. $.20 *A Letter to an Alcoholic Woman*. $.15 *Danger Signals for Women Drinkers*. $.20 *It Happened to Alice*. $.15 *The Alcoholic Wife*. $.20 (Remittance must accompany all orders under $25.)	National Council on Alcoholism Publications Division 733 Third Avenue New York, New York 10017
The Woman Alcoholic. $.35	Public Affairs Pamphlets 381 Park Avenue South New York, New York 10016

Purchasing Information (continued)

The Combination The Great Orgasm Robbery So You Don't Want to Be a Sex Object So Your Happily Ever After Isn't. $.60 each, prepayment required	Rocky Mountain Planned Parenthood Publications 1852 Vine Street Denver, Colorado 80206 303/355-7676

ORGANIZATIONS

The following is a list of organizations involved in a wide spectrum of women's issues and interests. These organizations offer sources of technical assistance and client education, as well as being women's advocacy resources. The organizations are listed under the following headings: alcoholism and drug abuse, employment, education, social and health services, political action, church-related organizations, special populations, and culture and the arts.

Alcohol and Drug Abuse

Federal Agencies:

National Clearinghouse for Alcohol Information
P.O. Box 2345
Rockville, Maryland 20852
Contact: Susan Bower

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20857
Contact: Ruth Sanchez-Dirks, Room 14C-24
Margaret Wilmore, Room 11-11

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, Maryland 20857
Contact: Jody Forman, Programs for Women's Concerns

State Agencies:

Some states have designated a special coordinator for women's programs. All state agencies responsible for alcoholism and/or drug abuse programming will be able to supply information about treatment programs, funding sources, and people who can provide technical and training assistance.

Voluntary Agencies:

North American Commission on Women
Alcohol and Drug Problems Association of North America
1101 15th Street, N.W. - Suite 206
Washington, D.C. 20005

Association of Halfway House Alcoholism Programs
Women's Task Force
786 East Seventh Street
St. Paul, Minnesota 55106
Contact: Shari Segall

National Congress of State Task Forces on
Women and Alcohol
239 East Manchester
Inglewood, California 90301
Contact: Ann Baxter, Chair

National Council on Alcoholism
Office of Women
733 Third Avenue
New York, New York 10017
Contact: Judy Wicks

Native American Indian Women on Chemical Dependence
Route 2
P.O. Box 8
Turtle Lake, Wisconsin 54889

Steering Committee on Women and Alcohol
in the Occupational Setting
Association of Labor-Management Administrators
and Consultants on Alcoholism
1800 North Kent Street - Suite 907
Arlington, Virginia 22209

Women for Sobriety
P.O. Box 618
Quakertown, Pennsylvania 18951

Employment

Business and Professional Women's Foundation
2012 Massachusetts Avenue, N.W.
Washington, D.C. 20036

Catalyst
14 East 60th Street
New York, New York 10022

Federally Employed Women
485 National Press Building
Washington, D.C. 20045

Federation of Organizations for Professional Women
200 P Street, N.W. - Suite 403
Washington, D.C. 20036

National Association of Women Business Owners
2000 P Street, N.W.
Washington, D.C. 20036

National Council of Career Women
818 National Press Building
Washington, D.C. 20045

National Council on Women, Work and Welfare, Inc.
201 Massachusetts Avenue, N.W.
Washington, D.C. 20002

National Federation of Business and Professional Women's Clubs
2012 Massachusetts Avenue, N.W.
Washington, D.C. 20036

National Women's Employment Project
c/o Nine to Five
140 Clarendon Street
Boston, Massachusetts 02116

New Directions for Women
223 Old Hook Road
Westwood, New Jersey 07675

Wider Opportunities for Women
1649 K Street, N.W.
Washington, D.C. 20008

Women's Work, Inc.
Suite 203
1302 18th Street, N.W.
Washington, D.C. 20036

Education

American Association of University Women
2401 Virginia Avenue, N.W.
Washington, D.C. 20037

National Organization for Women
425 13th Street, N.W.
Washington, D.C. 20004

NOW Legal Defense and Education Fund
36 West 44th Street
New York, New York 10036

National Women's Education Fund
1532 16th Street, N.W.
Washington, D.C. 20036

TABS: Aids for Ending Sexism in School
744 Carroll Street
Brooklyn, New York 11215

Social and Health Services

Association of Junior Leagues
825 Third Avenue
New York, New York 10022

Feminist Alliance Against Rape
P.O. Box 21033
Washington, D.C. 20009

National Abortion Rights Action League
825 15th Street, N.W.
Washington, D.C. 20005

Women in Transition
3700 Chestnut Street
Philadelphia, Pennsylvania 19104

YWCA--National Board
600 Lexington Avenue
New York, New York 10022

Political Action

All Nations Women's League, Inc.
41 Union Square - Room 612
New York, New York 10003

American Women's Economic Development Corporation
1270 Avenue of Americas
New York, New York 10020

Center for the American Women and Politics
Eagleton Institute of Politics
Rutgers University
New Brunswick, New Jersey 08903

Feminist Press
P.O. Box 334
Old Westbury, New York 11568

National Council of Women of the United States
345 East 46th Street
New York, New York 10017

National Woman's Party
144 Constitution Avenue, N.E.
Washington, D.C. 20002

National Women's Political Caucus
1411 K Street, N.W.
Washington, D.C. 20005

Women's Equity Action League
805 15th Street, N.W.
Washington, D.C. 20005

Women's Institute for Freedom of the Press
3306 Ross Place, N.W.
Washington, D.C. 20008

Women's International League for Peace and Freedom
1213 Race Street
Philadelphia, Pennsylvania 19107

Church-Related Organizations

Church Women United
475 Riverside Drive - Room 812
New York, New York 10027

Leadership Conference of Women Religious
1302 Eighteenth Street, N.W.
Washington, D. C. 20036

National Assembly of Women Religious
1307 South Wabash
Chicago, Illinois 60605

National Council of Jewish Women
15 East 20th Street
New York, New York 10010

Unitarian Universalist Women's Federation
25 Beacon Street
Boston, Massachusetts 02108

Special Populations

Black Women for Wages for Housework
100 Boerum Place
Brooklyn, New York 11201

Center for Multicultural Awareness
2924 Columbia Pike
Arlington, Virginia 22204

Mexican American Women's National Association
P.O. Box 2365
Washington, D.C. 20024

National Association of Negro Business and
Professional Women's Clubs
1843 Chelan Street
Flint, Michigan 48503

National Conference of Puerto Rican Women
P.O. Box 4804
Washington, D.C. 20008

National Council of Negro Women
Room 901
815 Second Avenue
New York, New York 10017

Rural American Women, Inc.
1522 K Street, N.W.
Washington, D.C. 20005

Culture and the Arts

All Crafts Foundation
19 St. Marks Place
New York, New York 10003

Women's Caucus for Art
33 Pennsylvania Avenue
Flemington, New Jersey 08822

Women Make Movies
257 West 19th Street
New York, New York 10011

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(PROGRAM OVERVIEW continued from inside front cover)

when participants return to their agencies. It contains articles, bibliographies, suggestions for client assessment and program evaluation, ideas for child care and nutrition services, and lists of resources for staff and client education.

Target Audience:	The program is designed for teams of two people from the same agency, one with decision-making responsibility for treatment services and one who is designated women's treatment coordinator, a board or advisory group member, a staff member with particular interest or experience in women's treatment.
Group Size:	The optimum number of participants for maximum participation and interaction with trainers and each other is 20.
Trainer Qualifications:	Two trainers, one female and one male, are recommended. Both should be well versed in women's issues and effective alcoholism treatment for women, as well as experienced group facilitators.
Methodology:	Small group exercises; large and small group discussion; lecturette; brainstorming.
Time Requirements:	Approximately 16 hours total training time over 2½ days; sessions range in length from 1 to 3 hours.
Special Note:	WOMEN IN TREATMENT II developed by the National Drug Abuse Center for Training and Resource Development is a parallel course for counselors who provide direct treatment services to women with problems related to alcohol, drugs, or both. Requests for WOMEN IN TREATMENT should be directed through State Training Support Program offices or Regional Support Centers of the National Training and Manpower System sponsored by the National Institue on Drug Abuse.
Further Information:	SERVICES FOR ALCOHOLIC WOMEN was developed by the National Center for Alcohol Education. For further information, additional materials, or assistance in the use of these materials contact:

National Center for Alcohol Education
1601 North Kent Street
Arlington, Virginia 22209

Telephone: (703) 527-5757